



STAFF REPORT

Report To: Board of Supervisors **Meeting Date:** June 2, 2022

Staff Contact: Nicki Aaker, Health and Human Services Director

Agenda Title: For Possible Action: Discussion and possible action regarding the creation of a full-time grant-funded bilingual Public Health Nurse ("PHN") position in the Carson City Department of Health and Human Services ("CCHHS"), which will provide services to the CCHHS Divisions of Clinical Services and Epidemiology. (Nicki Aaker, NAaker@carson.org)

Staff Summary: This position may be 100% grant funded by the COVID IZ , Round 3 and STD Supplemental grants. If the position is created, the PHN will assist with COVID-19 education and vaccinations and the prevention of other communicable diseases, such as tuberculosis and sexually transmitted infections.

Agenda Action: Formal Action / Motion **Time Requested:** Consent

Proposed Motion

I move to approve the creation of the PHN position.

Board's Strategic Goal

Quality of Life

Previous Action

On May 4, 2022, the Carson City Internal Finance Committee approved bringing the request to the Board of Supervisors ("Board") for consideration.

Background/Issues & Analysis

If approved, funding for this position will be provided by two grants: COVID IZ Round 3 and STD Supplemental grants.

The COVID IZ Round 3 grant was accepted by the Board on May 6, 2021, in the amount of \$1,501,679.69 issued through June 30, 2022. A budget and scope of work has been submitted to the State of Nevada for the next project period, July 1, 2022 through June 30, 2023. The federal project period is through June 30, 2024, which is indicated on page 1 of the Notice of Award.

The initial STD Supplemental grant was accepted by the Board on October 7, 2021, in the amount of \$77,626.00. Since the initial grant was accepted, there has been an additional sub-award in the amount of \$192,340.00 issued through December 31, 2022, with a federal project period through December 31, 2023, which is noted on page 1 of the Notice of Award. The purpose of this grant is to expand, train and sustain disease investigation workforce to support COVID-19 and other infectious disease prevention and response. When the Board accepted this grant, the plan was to use an existing part-time PHN within the grant. Because this individual has since left the agency, the request is to hire a full-time PHN which benefits the agency.

The annual salary range for the PHN position would be \$61,061.00 to \$91,590.98 (based on 100 percent employer contributions to the Public Employees' Retirement System ("PERS")) or \$71,107.14 to \$106,660.32 (based on employer/employee contributions to PERS), subject to any additional terms for compensation as set forth in the current collective bargaining agreement between the City and the Carson City Employees Association ("CBA"). Under the CBA, the City may hire at-will, full-time grant-funded employees.

Applicable Statute, Code, Policy, Rule or Regulation

N/A

Financial Information

Is there a fiscal impact? Yes

If yes, account name/number: Grant Fund / COVID IZ Round 3 Grant – G680021043; 2756800-500101 and STD Supplemental Grant – G68022033; 2756800-500101

Is it currently budgeted? Yes

Explanation of Fiscal Impact: Funding for this position is budgeted and provided by the COVID IZ Round 3 grant which has a remaining balance of \$1,384,205 and the STD Supplemental grant which has a balance of \$192,340.

Alternatives

Do not approve the creation of the PHN position and/or provide alternative direction to staff.

Attachments:

[CCHHS-COVID Budget Narrative-July 1, 2022-June 30, 2023_PHN Budget Highlighted.pdf](#)

[IZ Round 3 - Federal Project Period Highlighted.pdf](#)

[IZ COVID Vaccination Enhanced SG 25160-1 Amend 1 executed unlocked.pdf](#)

[SG 25569 STD Supplemental NOA Mar22-Dec22 signed.pdf](#)

Board Action Taken:

Motion: _____

1) _____

2) _____

Aye/Nay

(Vote Recorded By)

BUDGET NARRATIVE

					Budget Ceiling	
Total Personnel Costs					including fringe Total:	\$ 134,395.00
List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.						
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>Vacant, Public Health Nurse, Bilingual</u>	\$76,326.02	50.000%	45.000%	12	100.00%	\$51,520
<u>Jeanne Freeman,</u> <u>COVID Vaccine Incident Commander</u>	\$90,229.78	48.130%	7.500%	12	100.00%	\$10,024
<u>Cari Rioux</u> <u>Planner</u>	\$73,656.04	59.400%	7.500%	12	100.00%	\$8,806
<u>Lauren Staffen,</u> <u>Planner</u>	\$75,288.48	33.500%	7.500%	12	100.00%	\$7,538
<u>Jessica Rapp,</u> <u>Communication Specialist/PIO</u>	\$61,473.89	46.330%	7.500%	12	100.00%	\$6,747
<u>Paul Micah Chalk,</u> <u>Fiscal Analyst</u>	\$71,668.26	40.500%	7.500%	12	100.00%	\$7,552
<u>Martha Lopez,</u> <u>Administrative Assistant (Bi-Lingual)</u>	\$51,404.70	37.000%	7.500%	12	100.00%	\$5,282
<u>Sydney Gamer,</u> <u>Public Health Program Specialist; Regional Vaccine Coordinator</u>	\$56,259.96	39.100%	45.000%	12	100.00%	\$35,216
<u>Vacant,</u> <u>Fiscal Tech</u>	\$21,819.00	4.500%	7.500%	12	100.00%	\$1,710

*Insert new row for each position funded or delete this row.

Total Fringe Cost	\$41,315	Total Salary Cost:	\$93,079
Total Budgeted FTE	1.42500		

Travel **Total: \$5,012**Identify staff who will travel, the purpose, frequency and projected costs. Utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for **\$5,012****Out-of-State Travel**
NACCHO Preparedness Summit: Atlanta, GA

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: \$800 cost per trip (Reno to Atlanta) x 1 of trips x 2 staff	\$800	1		1.8	\$1,440
Baggage fee: \$100 amount per person x 1 of trips x 2 staff	\$100	1		1.8	\$180
Per Diem: \$74 per day per GSA rate for area x 1 of trips x 2 staff	\$74	1	5	1.8	\$666
Lodging: (\$163 hotel + \$25 for resort charge) per day + \$33.84 tax (18%) = total \$221.84 x 1 trip x 4 of nights x 2 staff	\$222	1	5	1.8	\$1,997
Ground Transportation: \$60 per r/trip x 1 of trips x 5 days x 2 staff	\$60	1	5	1.8	\$540
Mileage: (\$0.585 per mile x 60 of miles per r/trip) x 1 of trips x 2 staff	\$35.100	1		1.8	\$63
Parking: \$14 per day x 1 of trips x 5 days x 2 staff	\$14	1	5	1.8	\$126

Justification:

This conference is strongly recommended for attendance by the CDC. One staff members will attend to review best practices regarding pandemic response and recovery, volunteer management, and the varied role of local health authorities in mass vaccination efforts. The regional distribution coordinator and public health nurse will attend.

In-State TravelOrigin & Destination

<u>Mileage:</u>					\$0
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Operating **Total: \$24,331.00**

List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items are not required. Listing of typical or

Office supplies \$ 100 X 11 months	\$1,100.00
Copier Rental: \$ 50 per/mo. x 11 months	\$550.00

Data logger calibration for vaccine transport and event monitoring (8 data loggers x \$100/each * 90%)	\$720.00
Sanitizer, trash bags, and cleaning supplies for vaccination events (\$100/month x 11 months)	\$1,100.00
POD supplies to include, but not be limited to, pens, clipboards, labels, highlighters, folders, binder clips, sanitary table coverings, painters tape, sterile gauze) \$150/month x 11 months	\$1,650.00
Band-aids and sharps containers (\$410/month x 11 months)	\$4,510.00
Needles and syringes (\$600/month x 11 months)	\$6,600.00
Virtual vaccinator training development program (\$15/month x 11 months)	\$165.00
Portable trash cans (4 trash cans @ \$16/each x 4 POD locations)	\$256.00
ESRI Data Dashboard and website upgrades for compliance * 90%	\$1,080.00

Vaccine and respiratory illness prevention education and outreach material reproduction (\$600/month x 11 months) \$6,600.00

Justification: *Operating Costs*

Equipment	Total:	\$87,930.00
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List Equipment purchase or lease costing \$5,000 or more, and justify these expenditures. Also list any computers or computer-related equipment to be purchased

Describe equipment	
ADA compliant weather sturdy tent structure for mobile outdoor vaccination events to include HVAC system, flooring, and lighting (90%)	\$52,290.00
ADA compliant bathroom tent for vaccination staff (90%)	\$14,040.00
Trailer for transportation of tent structure and bathroom tent to rural locations across Quad-County region	\$21,600.00

Contractual	Total:	\$71,772.00
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Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs. Collaborative projects with

Name of Contractor, Subrecipient: TBD	Total	\$34,200
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Method of Selection: Competitive bid

Period of Performance: July 1, 2022-June 30, 2023

Scope of Work: Complete After-Action/Improvement Plan for COVID vaccinations within the Quad-Counties Region

* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget	
Personnel	\$34,200.00
Travel	\$0.00
Total Budget	\$34,200.00

Method of Accountability:

The Department Director and Public Health Preparedness Manager are responsible for staff oversight and timeliness of submitted work.

Name of Contractor, Subrecipient: Marathon	Total	\$14,433
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Method of Selection: Competitive bid; state joinder contract

Period of Performance: July 1, 2022-June 30, 2023

Scope of Work: Vaccination nurses (up to to 8) operate with vaccine oversight at various POD locations across the Quad-County region. Paid at rate of \$40/hour plus the administration rate added by Marathon for a rate of \$50.27/hour.

* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget	
Personnel	\$14,433.00
Travel	\$0.00
Total Budget	\$14,433.00

Method of Accountability:

Oversight will be provided by the Lead Vaccination Nurse to ensure properly trained and implementing vaccines safely.

Name of Contractor, Subrecipient: Marathon	Total	\$23,139
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Method of Selection: Competitive bid; state joinder contract

Period of Performance: July 1, 2022-June 30, 2023

Scope of Work: Data entry specialists (9) to ensure vaccination data is entered in to the Statewide database accurately and on a timely basis. Pay rate: \$24.72/hour

* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget	
Personnel	\$23,139.00
Travel	\$0.00
Total Budget	\$23,139.00

Method of Accountability:

Oversight will be provided by the Public Health Preparedness Manager

Training	Total:	\$0
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List all cost associated with Training, including justification of expenditures.

Describe training	\$0.00
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Other	Total:	\$12,792.00
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Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client

External printing Services for consent forms and patient education materials: \$ 500/mo. x 12 months	\$6,000
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Internal printing services for labels and operations copies:	
\$ 25 X 12 months	\$300
Medical waste disposal - sharps \$50/month x 12months)	\$600
Hot spots for on-site check-in and second dose appointment scheduling (\$43/month x 2 hotspots x 12 months	\$1,032
Document shredding services: \$30/month x 12 months	\$360
Data logger replacement: \$100/data logger x 6 data loggers	\$600
Virtual Conference Call and Training Service: \$ 25 per mo. x 12 months	\$300
POD signs for multiple POD sites (\$80/sign x 16 signs)	\$1,280
Ultra Cold Freezer Maintenance (\$100/month x 12 months)	\$1,200
NACCHO Conference Registration \$700/person x 1.8 staff)	\$1,120
Justification: <i>Other Costs</i>	

TOTAL DIRECT CHARGES	\$336,232.00
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Indirect Charges	Indirect Rate:	0.000%	\$0
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Indirect Methodology: Explain how indirect is calculated (e.g. 11% of all direct expenses per Federally approved indirect agreement). If using a Federally approved indirect

TOTAL BUDGET	Total:	\$336,232.00
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State of Nevada
Department of Health and Human Services
Division of Public & Behavioral Health
(hereinafter referred to as the Department)

Agency Ref. #: SG 25160
Budget Account: 3213
Category: 22
GL: 8501
Job Number: 9326821V

NOTICE OF SUBAWARD

Program Name: Nevada State Immunization Program Office of Bureau of Child, Family & Community Wellness Shannon Bennett, sbennett@health.nv.gov		Subrecipient's Name: Carson City Health and Human Services (CCHHS)	
Address: 4150 Technology Way, Suite 210 Carson City, NV 89706-2009		Address: 900 E. Long St. Carson City, NV 89706	
Subaward Period: 07/01/2020 through 06/30/2022		Subrecipient's: EIN: 88-6000189 Vendor #: T80990941 J Dun & Bradstreet: 073787152	
Purpose of Award: To plan and implement COVID-19 vaccination services with strike teams and mass vaccination events.			
Region(s) to be served: <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: <u>Carson City, Douglas, Storey and Lyon</u>			
Approved Budget Categories:		FEDERAL AWARD COMPUTATION:	
1. Personnel	\$500,503.00	Total Obligated by this Action:	\$ 1,501,679.69
2. Travel	\$10,241.00	Cumulative Prior Awards this Budget Period:	\$ 157,888.00
3. Operating	\$111,400.69	Total Federal Funds Awarded to Date:	\$ 1,659,367.69
4. Equipment	\$16,050.00	Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
5. Contractual/Consultant	\$784,703.00	Amount Required this Action:	\$ 0.00
6. Training	\$0.00	Amount Required Prior Awards:	\$ 0.00
7. Other	\$78,782.00	Total Match Amount Required:	\$ 0.00
TOTAL DIRECT COSTS	\$1,501,679.69	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
8. Indirect Costs	\$0.00	Federal Budget Period: 07/01/2020 - 06/30/2022	
TOTAL APPROVED BUDGET	\$1,501,679.69	Federal Project Period: 07/01/2020 - 06/30/2024	
Source of Funds: Immunization and Vaccines for Children		% Funds: 100%	CFDA: 93.268
		FAIN: NH23IP922609	Federal Grant #: 6 NH23IP922609-02-05
		Grant Award Date by Federal Agency: 01/15/2021	
Agency Approved Indirect Rate: 7.3%		Subrecipient Approved Indirect Rate: N/A	
Terms and Conditions: In accepting these grant funds, it is understood that: 1. This award is subject to the availability of appropriate funds. 2. Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual. 3. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented. 4. Subrecipient must comply with all applicable Federal regulations. 5. Quarterly progress reports are due by the 30th of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator. 6. Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.			
Incorporated Documents: Section A: Grant Conditions and Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement;		Section E: Audit Information Request; Section F: Current/Former State Employee Disclaimer; and Section G: DHHS Business Associate Addendum	
Name		Signature	Date
Nancy Paulson City Manager Lori Bagwell Mayor		Lori Bagwell	4/14/21
Karissa Loper, MPH Deputy/Acting Bureau Chief, CFCW		Karissa Loper	04/16/21
For Lisa Sherych Administrator, DPBH		Lisa Sherych	4/19/21

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD
SECTION A
GRANT CONDITIONS AND ASSURANCES**

General Conditions

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Recipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Department of Health and Human Services (hereafter referred to as "Department") shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance as the Recipient is an independent entity.
2. The Recipient shall hold harmless, defend and indemnify the Department from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Recipient's performance or nonperformance of the services or subject matter called for in this Agreement.
3. The Department or Recipient may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Department or Recipient from its obligations under this Agreement.
 - The Department may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Department and Recipient.
4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Section B may only be undertaken with the prior approval of the Department. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Recipient under this Agreement shall, at the option of the Department, become the property of the Department, and the Recipient shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.
 - The Department may also suspend or terminate this Agreement, in whole or in part, if the Recipient materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Department may declare the Recipient ineligible for any further participation in the Department's grant agreements. In addition to other remedies as provided by law, in the event there is probable cause to believe the Recipient is in noncompliance with any applicable rules or regulations, the Department may withhold funding.

Grant Assurances

A signature on the cover page of this packet indicates that the applicant is capable of and agrees to meet the following requirements, and that all information contained in this proposal is true and correct.

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 28.101-38.999 inclusive, and any relevant program-specific regulations.
7. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for grantees that expend \$750,000 or more in Federal awards during the grantee's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. To acknowledge this requirement, Section E of this notice of subaward must be completed.
8. Compliance with the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended—Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
9. Certification that neither the Recipient nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211).

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

10. No funding associated with this grant will be used for lobbying.
11. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
12. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
13. An organization receiving grant funds through the Department of Health and Human Services shall not use grant funds for any activity related to the following:
 - Any attempt to influence the outcome of any federal, state or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
 - Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
 - Any attempt to influence:
 - The introduction or formulation of federal, state or local legislation; or
 - The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
 - Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence state or local officials to engage in a similar lobbying activity.
 - Any attempt to influence:
 - The introduction or formulation of federal, state or local legislation;
 - The enactment or modification of any pending federal, state or local legislation; or
 - The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, by preparing, distributing or using publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.
 - Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
 - Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
14. An organization receiving grant funds through the Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
 - Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
 - Not specifically directed at:
 - Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
 - Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
 - Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

This provision does not prohibit a recipient or an applicant for a grant from providing information that is directly related to the grant or the application for the grant to the granting agency.

To comply with reporting requirements of the Federal Funding and Accountability Transparency Act (FFATA), the sub-grantee agrees to provide the Department with copies of all contracts, sub-grants, and or amendments to either such documents, which are funded by funds allotted in this agreement.

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

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

The Intent of this subgrant is to perform activities deemed effective in planning for and implementing COVID-19 vaccination services.

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

Scope of Work for Carson City Health and Human Services (July 1, 2020 to June 30, 2022)

Project Period Objective 01: Increase COVID-19 vaccination capacity across the jurisdiction, including among high-risk and underserved populations.				
Objective	Activities	Phase	Target Population	Performance Measure
1.1: LHAs will recruit 3 private/public vaccine providers per month in their jurisdiction, to include pharmacies, to store and administer COVID-19 vaccine(s). LHA will refer providers to NSIP for enrollment using the CDC COVID-19 Provider Agreement.	<ul style="list-style-type: none"> Partner with Quad-County Healthcare Coalition to create list of private and public providers in the Quad-Counties region to recruit for COVID-19 vaccine storage and administration. Hire COVID-19 vaccine recruiter, trainer, and compliance lead. Recruit 3 private/public vaccine providers per month. Assess barriers to provider hesitancy in storing and administering COVID-19 vaccinations. Hire COVID-19 vaccine recruiter, trainer, and compliance lead. Train 3 private/public vaccine providers per month. Create virtual training program to include federal training modules and region-specific modules as needed Host in-person and virtual training refreshers as needed 	1b, 1c, 2	<ul style="list-style-type: none"> Rural and frontier healthcare providers Non-traditional vaccine providers Quad-County residents and employees Hard-to-reach employee and resident groups 	(PM) 1.1.1: Number of new COVID-19 vaccine providers, by type, recruited in the past quarter communicated through a quarterly report to Nevada State Immunization Program (NSIP). (Provider types as listed on the COVID-19 Provider Agreement)
1.2 Train up to 3 vaccine providers per month per jurisdiction, including pharmacies, to store, handle and administer COVID-19 vaccine(s). Each LHA is responsible for training providers in their jurisdiction.	<ul style="list-style-type: none"> Hire COVID-19 vaccine recruiter, trainer, and compliance lead. Train 3 private/public vaccine providers per month. Create virtual training program to include federal training modules and region-specific modules as needed Host in-person and virtual training refreshers as needed 	1b, 1c, 2	<ul style="list-style-type: none"> Rural and frontier healthcare providers Non-traditional vaccine providers 	(PM) 1.2: Number of vaccine providers trained in proper vaccine administration and in vaccine storage/handling in the past quarter communicated through a quarterly report to NSIP.
1.3 LHA will communicate with up to 3 non-vaccinating adult healthcare providers per month per health jurisdiction to determine if 1) area providers are recommending COVID-19 vaccine and 2) where they are sending their patients for COVID-19 vaccine.	<ul style="list-style-type: none"> In collaboration with the CCHHS Public Information Officer, communicate with at least 3 non-vaccinating adult healthcare providers who are not providing COVID-19 vaccine to assess vaccine recommendation practices and location to obtain vaccine Create provider COVID-19 promotion campaign in collaboration with Immunize NV and non-vaccinating healthcare provider input Hire COVID-19 vaccine recruiter, trainer, and compliance lead. Hire staff as needed to support outreach and education efforts across the Quad-Counties region. 	1b, 1c, 2	<ul style="list-style-type: none"> Non-vaccinating healthcare providers High-risk for COVID-19 Quad-County populations 	(PM) 1.3: Number of adult health care providers trained in the past quarter communicated through a quarterly report to NSIP for the purposes of ensuring patients are appropriately screened and immunized or referred for vaccinations
1.5 LHAs will recruit and train public health staff and/or public health partners to support COVID vaccine outreach efforts towards	<ul style="list-style-type: none"> Hire COVID-19 vaccine recruiter, trainer, and compliance lead. Hire staff as needed to support outreach and education efforts across the Quad-Counties region. 	1b, 1c, 2	<ul style="list-style-type: none"> Public health workforce Underserved and high-risk populations in the Quad-Counties region (e.g., rural communities). 	(PM) 1.5.1: Number of new public health workers hired (FTE, contractor, etc.) in the past quarter communicated through a quarterly report to NSIP.

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engaging underserved and high-risk populations. <i>A minimum of 10 percent of each subaward must be spent on activities to address COVID-19 vaccine inequities.</i>	<ul style="list-style-type: none"> Partner with community service groups and coalitions to provide culturally sensitive training regarding COVID-19 vaccinations to underserved and high-risk populations Train environmental health staff to distribute education materials to employers on COVID-19 vaccination efficacy and safety Train social services staff in the Quad-County region to distribute education materials to clients on COVID-19 vaccination efficacy and safety Collaborate with Community Health Nurses to provide education to clients on COVID-19 vaccination efficacy and safety Hire COVID-19 vaccine recruiter, trainer, and compliance lead. Hire data management staff as needed for report generation and analyses Hire staff as needed to support outreach and education efforts across the Quad-Counties region. Partner with community service groups and coalitions to provide culturally sensitive training regarding COVID-19 vaccinations to underserved and high-risk populations Train environmental health staff to educate employers on COVID-19 vaccination efficacy and safety Train social services staff in the Quad-County region to educate clients on COVID-19 vaccination efficacy and safety Collaborate with Community Health Nurses to provide education to clients on COVID-19 vaccination efficacy and safety Collaborate with UNR mobile medical team, Immunize NV, and local coalitions to offer vaccination events in small rural communities through strike teams or mobile clinics Utilize strike teams to serve homebound population throughout Quad-Counties region Provide COVID-19 vaccination clinics in each of the Quad-Counties at least once a week to include suburban, rural, and frontier community locations Provide COVID-19 vaccination clinics at varied times of the day to meet the needs of the workforce in the Quad-Counties region 	1b, 1c, 2	<ul style="list-style-type: none"> migrant farmworkers, low-literacy community members) 	(PM) 1.5.1: Number of new public health workers hired (FTE, contractor, etc.) in the past quarter communicated through a quarterly report to NSIP.
1.5a LHAs will recruit and train public health staff and/or public health partners to support COVID vaccine outreach efforts towards engaging underserved and high-risk populations. <i>A minimum of 10 percent of each subaward must be spent on activities to address COVID-19 vaccine inequities.</i>		1b, 1c, 2	<ul style="list-style-type: none"> Public health workforce Underserved and high-risk populations in the Quad-Counties region (e.g., rural communities, migrant farmworkers, low-literacy community members) 	(PM) 1.5.1: Number of new public health workers hired (FTE, contractor, etc.) in the past quarter communicated through a quarterly report to NSIP.
1.6 LHAs and counties will consider recommendations made by IZNV regarding accessing underserved communities to deploy vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary, or off-site clinics to close coverage gaps among underserved communities. <i>A minimum of 10 percent of each subaward must be spent on activities to address COVID-19 vaccine inequities.</i>		1b, 1c, 2	<ul style="list-style-type: none"> All Quad-County residents in suburban, rural, and frontier communities Hard-to-reach rural and workforce populations 	(PM) 1.6.3: Number of vaccine doses provided by LHAs/counties through strike teams, mobile clinics, or temporary off-site clinics in the past quarter in underserved communities communicated through a quarterly report to NSIP.

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Project Period Objective 02: Ensure high-quality and safe administration of COVID-19 vaccines				
Objective	Activities	Phase	Target Population	Performance Measure
2.1a: Perform compliance visits with 4.2% of enrolled COVID-19 providers in jurisdiction per month	<ul style="list-style-type: none"> Hire COVID-19 vaccine recruiter, trainer, and compliance lead. Hire compliance staff as needed Conduct rotating compliance checks (either in-person or virtually) with COVID-19 vaccine providers Collaborate with NSIP staff to revise CDC compliance checklist document as needed to meet NSIP data needs Maintain compliance check documentation and submit to NSIP on a quarterly basis Coordinate with NSIP to have CCHHS PIN 2182 compliance completed on a quarterly basis by outside unbiased entity. Collaborate with vaccine providers to identify solutions to any identified issues regarding storage, handling, & administration 	1b, 1c, 2	<ul style="list-style-type: none"> Pandemic vaccine providers in the Quad-Countries region 	(PM) 2.1.1 Number and percent of site visits (in-person and virtual) to COVID-19 vaccination clinics in the past quarter communicated through a quarterly report to NSIP for the purposes of ensuring proper vaccine administration, proper vaccine storage and handling, and improved quality assurance. Describe key issues identified and how resolved.
2.1b: Complete all the questions in the survey.	<ul style="list-style-type: none"> Complete CDC compliance check document with pandemic COVID-19 vaccine providers each month Enter CDC compliance check document data into RedCap as required 	1b, 1c, 2	<ul style="list-style-type: none"> Pandemic vaccine providers in the Quad-Countries region 	(PM) 2.1.2 Percentage of all questionnaires 100% completed communicated through a quarterly report to NSIP.
2.1c Run all the following NV WebIZ reports to: assess COVID-19 vaccine administration data entry, evaluate COVID-19 vaccine wastage, assess COVID-19 vaccine ordering. Review temperature data from vaccine storage units.	<ul style="list-style-type: none"> Run WebIZ reports on a weekly basis for the pandemic vaccinators in the Quad-Countries Track provider data entry as compared to vaccine ordering practices Assess need for provider refresher training according to data metrics Review doses wasted data and educate the provider to resolve any issues 	1b, 1c, 2	<ul style="list-style-type: none"> Pandemic vaccine providers in the Quad-Countries region 	(PM) 2.1.3 Percentage of all WEBIZ reports run communicated through a quarterly report to NSIP. Each compliance visit should have a report run.
2.2 LHA will answer all COVID-19 vaccine provider questions received by email or voice mail.	<ul style="list-style-type: none"> CCHHS will host bi-monthly Doc Talks to answer questions about COVID-19 vaccinations CCHHS will create and monitor an email box specifically for COVID-19 vaccine provider questions CCHHS will ensure COVID-19 vaccine provider questions are answered by the lead training and vaccination nurse or the compliance lead as appropriate. 	1b, 1c, 2	<ul style="list-style-type: none"> Pandemic vaccine providers in the Quad-Countries region 	(PM) 2.2.3 Number of COVID-19 provider sites supported in the past quarter through response to issues/questions.
2.3a LHA will purchase and pack hard sided or thick walled styrofoam vaccine coolers (a minimum of one per jurisdiction) in	<ul style="list-style-type: none"> CCHHS will purchase at least 5 vaccine coolers to support rural vaccination efforts; these can be utilized by CCHHS or other Quad-County COVID-19 vaccinators in partnership 	1b, 1c, 2	<ul style="list-style-type: none"> Pandemic vaccine providers in the Quad-Countries region 	(PM) 2.3.2: Providers may purchase vaccine coolers or quality hard sided coolers from local stores or use styrofoam coolers that vaccines were

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accordance with CDC Storage and Handling guidelines for offsite vaccination clinics.	<ul style="list-style-type: none"> CCHHS will purchase at least 8 data loggers to support rural vaccination efforts; these can be utilized by CCHHS or other Quad-County COVID-19 vaccinators in partnership CCHHS will purchase 5 sets of extra frozen gel packs to support rural vaccination efforts 		delivered in. Providers ensure they pack the vaccine in accordance with the CDC Storage and Handling Toolkit utilizing conditioned frozen gel packs. Ensure the use of a data logger for monitoring vaccine inside the cooler and check temperatures every hour when vaccines are stored in the cooler. Quantity and description of equipment purchased will be communicated through a quarterly report to NSIP.
2.3b Administer all vaccine using proper technique and proper administration site.	<ul style="list-style-type: none"> Train all volunteer and paid vaccinators regarding vaccine types, manufacturer recommended administration, and handling processes. All volunteer and paid vaccinators will be offered the opportunity to shadow a senior vaccination staff member at COVID vaccination POD events for just-in-time training regarding vaccine administration All volunteer and paid vaccinators will demonstrate vaccination administration proficiency to a senior vaccination staff member from CCHHS or their home agency All volunteer and paid vaccinators will be trained in the monitoring of adverse vaccine side effects and how to utilize first aid kit 	1b, 1c, 2	<ul style="list-style-type: none"> Vaccination staff in the Quad-Counties region
2.4 During all compliance visits, evaluate provider's protocols for responding to adverse events after vaccination. Check all expiration dates of epi and Benadryl.	<ul style="list-style-type: none"> Review provider adverse event protocols during compliance visits Review expiration dates of epinephrine and other medications to support adverse reactions to ensure response kits are kept current Assess adverse events safety kit to ensure equipment to measure vital signs are included such as a blood pressure cuff, sphygmomanometer, and pulse oximeter 	1c, 2	<p>(PM) 2.3.3: Providers prepare vaccine per manufacturer recommendations. Utilize the proper size needle and syringe for the patient. Locate the correct injection site depending on age and size of the person and use sterile technique. Observe the patient for at least 15 minutes post injection for adverse reactions. Number of training resources or the number of individuals trained communicated through a quarterly report to NSIP.</p> <p>(PM) 2.4.1: Number and percent of COVID-19 administration sites that have been assessed by the awardee per quarter as capable of addressing adverse events including anaphylaxis in the past quarter communicated through a quarterly report to NSIP. The assessment should include that the provider has epinephrine on site, equipment to measure vital signs, and antihistamines.</p>

Project Period Objective 03: Ensure equitable distribution and administration of COVID-19 vaccines			
Objective	Activities	Phase	Target Population
			Performance Measure

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<p>3.1a Utilize available data to identify at least 3 populations with lower COVID-19 vaccination uptake.</p>	<ul style="list-style-type: none"> Utilize data from the emPOWER database to identify individuals who use durable medical equipment and thus may be at greater risk for COVID-19 health effects Request raw data lines from State OPHIE office on a monthly basis to analyze vaccination efforts for rural and minority groups Create monthly vaccination reports for the Quad-County region and each individual county regarding vaccination uptake 	<p>1b, 1c, 2</p>	<ul style="list-style-type: none"> Hard-to-reach vulnerable rural and minority groups County leaders in support of mitigation and response measures to report to the Governor's Mitigation Task Force 	<p>(PM) 3.1.1: Number of people and percent of population vaccinated with COVID-19 vaccine, by subgroups, communicated through a quarterly report to NSIP.</p>
<p>3.1b Identify at least 2 interventions for population with low vaccination uptake.</p>	<ul style="list-style-type: none"> Collaborate with respected community leaders to provide culturally sensitive education materials to encourage vaccination uptake Collaborate with Diversity Epidemiologist to review best practices reported through public health forums regarding interventions to increase vaccination uptake Ensure all materials are 508 compliant, reviewed for health competence literacy, and translated 	<p>1b, 1c, 2</p>	<ul style="list-style-type: none"> Groups with low vaccination uptake which may include, but not be limited to, certain employment groups, races, ethnicities, age groups, etc. 	<p>(PM) 3.1.1: Number of people and percent of population vaccinated with COVID-19 vaccine, by subgroups, communicated through a quarterly report to NSIP.</p>
<p>3.1c Evaluate these two interventions by analyzing key data to see if they have impacted COVID-19 vaccination uptake.</p>	<ul style="list-style-type: none"> Request raw data lines from State OPHIE office on a monthly basis to analyze vaccination efforts for rural and minority groups Create monthly vaccination reports for the Quad-County region and each individual county regarding vaccination uptake Develop a historical timeline that incorporates significant events regarding vaccine uptake such as media campaigns, celebrity influence, new vaccine release, endorsements by key leaders, and intervention implementation 	<p>1b, 1c, 2</p>	<ul style="list-style-type: none"> Hard-to-reach vulnerable rural and minority groups County leaders in support of mitigation and response measures to report to the Governor's Mitigation Task Force Groups with low vaccination uptake which may include, but not be limited to, certain employment groups, races, ethnicities, age groups, etc. 	<p>(PM) 3.1.1: Number of people and percent of population vaccinated with COVID-19 vaccine, by subgroups, communicated through a quarterly report to NSIP.</p>
<p>3.5a Continue to implement Nevada's COVID-19 Vaccine Playbook.</p>	<ul style="list-style-type: none"> Collaborate with Quad-County Healthcare Coalition to deliver vaccination events across the region Partner with traditional and non-traditional vaccination partners including private and public entities Identify agencies who serve hard-to-reach populations in the Quad-County region and are willing to host a vaccination event Create multiple vaccination POD teams so non-military teams can be assigned to events in areas where government is not trusted Assess the intent of every event to serve the Quad-County region in a fair and equitable manner 	<p>1b, 1c, 2</p>	<ul style="list-style-type: none"> All Quad-County employees and residents 	<p>(PM) 3.5.1: Number and type of partner organizations that have implemented COVID-19 vaccination activities in the past quarter communicated through a quarterly report to NSIP. Include also a short statement of the activities.</p>

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3.5.b Partner with at least 5 organizations to meet community need.	<ul style="list-style-type: none"> Partner with at least 5 various organizations as employment and general population groups near their eligibility time to provide education, leverage vaccination sites, register members of the public for appointments, host closed PODs, and increase available access points for vaccination 	1b, 1c, 2	<ul style="list-style-type: none"> All Quad-County employees and residents 	(PM) 3.5.1: Number and type of partner organizations that have implemented COVID-19 vaccination activities in the past quarter communicated through a quarterly report to NSIP. Include also a short statement of the activities.
3.6.a Continue to implement Nevada's COVID-19 Vaccine Playbook by partnering with at least 2 employers who employ frontline essential workers.	<ul style="list-style-type: none"> Collaborate with industry leaders across the Quad-Counties region to ensure public workers are vaccinated. This includes, but is not limited to, education institutions, private industry, manufacturing entities, food/agricultural companies, and end-to-end supply chain employers, and first responder agencies. Provide mass vaccination events in each county every week to serve frontline essential workers "where they are" rather than requiring long commutes for access Collaborate with the NV Pharmacy Board to enhance vaccination outlet availability within each of the counties within the Quad-Counties region, where possible. 	1b, 1c, 2	<ul style="list-style-type: none"> Frontline essential workers in the Quad-Counties region 	(PM) 3.6.1: Has the awardee initiated vaccination planning (or implemented vaccination activities) with the following industries or business sectors in the past reporting period: first responders, corrections, food/agricultural workers, postal workers, manufacturing workers, grocery store workers, public transit workers, teachers and educational support staff, childcare workers. The number or type of employers engaged will be communicated through a quarterly report to NSIP.
3.6.b Hold at least two vaccination events at places of employment to meet community need.	<ul style="list-style-type: none"> Host at least two mass vaccination events, in collaboration with employers, to serve essential workers. Host at least two mass vaccination events in neutral locations to serve entire employment category/group without the perception of favoritism. Utilize strike teams to support vaccination events for employers who have security issues that hinder staff participation in mass vaccination clinics 	1b, 1c, 2	<ul style="list-style-type: none"> Essential workforce in the employment prioritization lane 	(PM) 3.6: Has the awardee initiated vaccination planning (or implemented vaccination activities) with the following industries or business sectors in the past reporting period: first responders, corrections, food/agricultural workers, postal workers, manufacturing workers, grocery store workers, public transit workers, teachers and educational support staff, childcare workers. The number of events or doses administered to targeted populations will be communicated through a quarterly report to NSIP.

Project Period Objective 64: Increase vaccine confidence through education, outreach, and partnerships

Objective	Activities	Phase	Target Population	Performance Measure
4.5 LHAs will promote immunizations and increase vaccine confidence using at least five strategies per quarter among racial and ethnic minority groups as well as increase	<ul style="list-style-type: none"> Collaborate with the Nevada Governor's Council on Developmental Disabilities to distribute information to their partner agencies and clients regarding vaccine confidence and eligibility 	1b, 1c, 2		(PM) 4.5.1: Describe the type and amount of work in the past quarter conducted (communicated through a

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<p>access among individuals with disabilities by selecting and implementing five or more strategies per quarter for the duration of the award period.</p> <p><i>A minimum of 10 percent of each subaward must be spent on activities to address COVID-19 vaccine inequities.</i></p>	<ul style="list-style-type: none"> • Provide information regarding vaccine confidence and eligibility in multiple formats to support those who are hard of seeing or hard of hearing, Spanish, and low-health literacy • Develop robust media push plan for vaccine confidence and eligibility that includes messages to support racial and ethnic minorities, those with disabilities, and those in rural communities • Incorporating media developed by Immunize NV • Hire advertising firm to create messaging that supports racial and ethnic minorities, those with disabilities, and those in rural communities to uptake the vaccine • Evaluate developed materials for cultural competency and have materials translated as appropriate 		<p>quarterly report to NSIP) to increase vaccine accessibility for individuals with disabilities, address vaccine misinformation and to increase vaccine confidence and uptake, especially with racial and ethnic minority populations communicated to NSIP through a quarterly report.</p>
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Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Public and Behavioral Health through Grant Number 6 NH23IP922609-02-05 from The Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor The CDC."

Any activities performed under this subaward shall acknowledge the funding was provided through the Division by Grant Number 6 NH23IP922609-02-05 from The Centers for Disease Control and Prevention (CDC).

Funding Sources:

Nevada Immunization & Vaccine for Children Federal Grant (CDC) COVID-19 Funds

% Funds:

100%

Applicant Name: Carson City Health and Human Services- July 1, 2020 - June 30, 2022

BUDGET NARRATIVE

Total Personnel Costs	Including fringe	Total:	\$ 430,428.00
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List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>Susan Pinar, MD, Medical Monitor Lead for Vaccination Events</u>	\$12,000.00	4.500%	100.000%	24	200.00%	\$25,080
<u>Jeanne Freeman, COVID Vaccine Incident Commander</u>	\$82,419.79	48.780%	20.000%	24	200.00%	\$49,050
<u>Carl Rieux Field Vaccine Coordinator</u>	\$66,294.08	57.080%	40.000%	24	200.00%	\$83,308
<u>Lauren Steffen, Field Vaccine Coordinator</u>	\$68,640.40	34.780%	30.000%	24	200.00%	\$55,508
<u>Jessica Rapp, Communication Specialist/PIO</u>	\$52,752.75	33.850%	20.000%	24	200.00%	\$28,244
<u>Amber LaFollette, Fiscal Analyst</u>	\$59,158.82	60.720%	10.000%	24	200.00%	\$19,016
<u>Vacant, Administrative Assistant (Bi-Lingual)</u>	\$42,283.15	60.720%	15.000%	12	100.00%	\$10,194
<u>Veronica Galas, Clinic Services Manager/Homebound Coordinator</u>	\$93,600.00	49.500%	20.000%	12	100.00%	\$27,986
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>

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<u>Toni Orr,</u> <u>Public Health Nurse - Field Vaccination Supervisor</u>	\$73,902.40	4.500%	50.000%	12	100.00%	\$38,614
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>New Position (Vacant),</u> <u>Public Health Program Specialist (Compliance Lead)</u>	\$70,720.00	4.500%	50.000%	24	150.00%	\$55,427
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>Kelly Cavins,</u> <u>Part-Time Planner</u>	\$36,365.00	4.500%	100.000%	12	100.00%	\$38,001

Total Fringe Cost	\$94,889	Total Salary Cost:	\$335,630
Total Budgeted FTE	4.65000		

<u>Travel</u>	<u>Total:</u>	<u>\$0</u>
Identify staff who will travel, the purpose, frequency and projected costs. Utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (58.0 cents) as a guide unless the organization's policies specify lower rates for these expenses. Out-of-state travel or non-standard fares require special justification.		
<u>Out-of-State Travel</u>		<u>\$0</u>
<u>Title of Trip & Destination such as CDC Conference:</u> <u>San Diego, CA</u>	<u>Cost</u>	<u># of Trips</u>
		<u># of days</u>
		<u># of Staff</u>
<u>In-State Travel</u>		<u>\$0</u>
<u>Origin & Destination</u>	<u>Cost</u>	<u># of Trips</u>
<u>Mileage:</u>		<u>\$0</u>

<u>Operating</u>	<u>Total:</u>	<u>\$110,840.89</u>
List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items are not required. Listing of typical or anticipated program supplies should be included. If providing meals, snacks, or basic nutrition, include these costs here.		
Office supplies \$ 75.50 x 4.55 FTE staff x 18 mo.	\$6,184.19	
Copier Rental: \$ 75 per/mo. x 18 months x 4.55 of FTE	\$6,142.50	
Data loggers for vaccine transport and event monitoring (8 data loggers x \$150/each)	\$1,200.00	
Sanitizer, trash bags, and cleaning supplies for vaccination events (\$65/month x 24 months)	\$1,560.00	
6' tables for vaccination sites (14 tables x 4 locations x \$100/each)	\$5,600.00	
Foldable chairs for multiple vaccination sites (80 x 4 locations x \$150 for a pack of 4)	\$12,000.00	
Line delineators for multiple vaccination sites (20 x 4 locations x \$120/each)	\$9,600.00	
Metal storage cages for 4 POD locations (4 x \$2,500/each)	\$10,000.00	
POD supplies to include, but not be limited to, pens, clipboards, labels, highlighters, folders, binder clips, sanitary table coverings, painters' tape, sterile gauze) \$300/month x 24 months	\$7,200.00	
Band-aids and sharps containers (\$1000/month x 24 months)	\$24,000.00	
VeriCor Cool Cube coolers for vaccine transport to multiple vaccination sites (\$899/each x 5 coolers)	\$4,495.00	
Oxygen tanks to support multiple POD locations (4 tanks x \$30/month x 24 months)	\$2,880.00	
Needles and syringes (\$500/month x 24 months)	\$12,000.00	
Praxi subscription for virtual vaccinator training development (\$15/month x 18 months)	\$270.00	

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Phones for new staff workstations (\$250/each x 5)	\$1,250.00
Desks and office chairs for new staff workstations (\$800/staff x 5 staff)	\$4,000.00
Secure File Cabinets (4 vertical; 2 lateral)	\$2,203.00
Portable trash cans (4 trash cans @ \$16/each x 4 POD locations)	\$256.00
Justification: <i>Operating Costs</i>	

Equipment	Total:	\$16,050.00
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List Equipment purchase or lease costing \$5,000 or more and justify these expenditures. Also list any computers or computer-related equipment to be purchased regardless of cost. All other equipment costing less than \$5,000 should be listed under Supplies.

Describe equipment

6 laptops for field operations at multiple sites (6 laptops x \$1,600 each)	\$9,600.00
3 laptops, docking stations, and dual screens for new staff (3 laptop set ups x \$2,150 each)	\$6,450.00

Contractual	Total:	\$748,011.00
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Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs. Collaborative projects with multiple partners should expand this category to break out personnel, travel, equipment, etc., for each site. Sub-awards or mini-grants that are a component of a larger project or program may be included here but require special justification as to the merits of the applicant serving as a "pass-through" entity, and its capacity to do so.

Name of Contractor, Subrecipient: **Marathon**

Total \$4,055

Method of Selection: Competitive bid; state joinder contract

Period of Performance: March 1, 2021-June 30, 2022

Scope of Work: Staff to provide fiscal support for subgrant award. 10% of time each week = 2.4 hours/week. Pay rate \$24.72/hour

* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget

Personnel	\$4,055.00
Travel	\$0.00
Total Budget	\$4,055.00

Method of Accountability:

The Department Manager and Public Health Preparedness Manager are responsible for staff oversight and timeliness of submitted work.

Name of Contractor, Subrecipient: **Marathon**

Total \$148,083

Method of Selection: Competitive bid; state joinder contract

Period of Performance: January 1, 2021-June 30, 2022

Scope of Work: Vaccination nurses (up to 8) operate with vaccine oversight at various POD locations across the Quad-County region. Paid at rate of \$39.552/hour.

* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget

Personnel	\$148,083.00
Travel	\$0.00
Total Budget	\$148,083.00

Method of Accountability:

Oversight will be provided by the Lead Vaccination Nurse to ensure properly trained and implementing vaccines safely.

Name of Contractor, Subrecipient: **Marathon**

Total \$131,115

Method of Selection: Competitive bid; state joinder contract

Period of Performance: January 1, 2021-June 30, 2022

Scope of Work: Serve as Lead Vaccination Nurse (1) responsible for all training and oversight of field nurses, vaccine orders, and vaccine reconciliation. Paid at rate of

* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget

Personnel	\$131,115.00
Travel	\$0.00
Total Budget	\$131,115.00

Method of Accountability:

Oversight will be provided by the Clinic Services Manager, Public Health Preparedness Manager, and the CCHHS Director

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Name of Contractor, Subrecipient: Marathon

Total \$462,758

Method of Selection: Competitive bid; state tender contract

Period of Performance: July 1, 2021-June 30, 2022

Scope of Work: Data entry specialists (9) to ensure vaccination data is entered into the Statewide database accurately and on a timely basis. Pay rate: \$24.72/hour

* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget

Personnel	\$462,758.00
Travel	\$0.00
Total Budget	\$462,758.00

Method of Accountability:

Oversight will be provided by the Public Health Preparedness Manager

Name of Contractor, Subrecipient:

Total \$0

Method of Selection: explain, i.e., sole source or competitive bid

Period of Performance: June 30, 2014 - June 29, 2015

Scope of Work: Define scope of work

What will be the specific services/tasks that will be completed and specific deliverables. How do deliverables relate to your goals and objectives, how will deliverables achieve your objective(s).

* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget

Personnel	\$0.00
Travel	\$0.00
Total Budget	\$0.00

Method of Accountability:

Define - Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant's work.

Training

Total:

\$0

List all cost associated with Training, including justification of expenditures.

Describe training

\$0.00

Other

Total:

\$48,182.00

Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc. Stipends or scholarships that are a component of a larger project or program may be included here but require special justification.

External printing Services for consent forms and patient education materials: \$ 1,280/mo. x 24 months \$30,720

Internal printing services for labels and operations copies: \$ 175 x 24 months \$4,200

Medical waste disposal - sharps \$100/month x 24 months) \$2,400

Hot spots for on-site check-in and second dose appointment scheduling (\$35/month x 3 hotspots x 24 months) \$2,520

Phone services: \$ 20.09/month x 24 months \$482

Postage: \$ 27.50 per mo. x 24 months \$660

Document shredding services: \$30/month x 24 months \$720

Data logger calibration: \$ 25/data logger x 12 vaccine data loggers x 2 times in 24-month period \$600

Virtual Conference Call Service: \$ 45 per mo. x 24 months \$1,080

POD signs for multiple POD sites (\$100/sign x 8 signs x 4 locations) \$3,200

Metal sign frames (\$50/frame x 8 signs x 4 locations) \$1,600

Justification: Other Costs

TOTAL DIRECT CHARGES

\$1,351,511.69

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Indirect Charges	Indirect Rate:	0.000%	\$0
Indirect Methodology: Explain how indirect is calculated (e.g., 11% of all direct expenses per Federally approved Indirect agreement). If using a Federally approved indirect rate, be sure to include a copy of the agreement to DHHS staff.			

TOTAL BUDGET	Total:	\$1,351,511.69
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10% Equity Budget

Applicant Name: Carson City Health and Human Services- July 1, 2020 - June 30, 2022

BUDGET NARRATIVE

Total Personnel Costs	Including Fringe	Total:	\$79,076.00
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List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
Vanette Hotelling, Public Health Nurse/Homebound Vaccinator	\$83,429.00	56.130%	30.000%	18	150.00%	\$58,616
Catherine Peyton, Biostatistician	\$55,000.00	38.900%	10.000%	18	150.00%	\$11,459

Total Fringe Cost	\$24,282	Total Salary Cost:	\$45,793
Total Budgeted FTE	0.40000		

Travel	Total:	\$10,241.00
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Identify staff who will travel, the purpose, frequency and projected costs. Utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (58.0 cents) as a guide unless the organization's policies specify lower rates for these expenses. Out-of-state travel or non-standard fares require special justification.

Out-of-State Travel

Title of Trip & Destination such as CDC Conference: San Diego, CA

<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>
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\$0

Justification:

Who will be traveling, when and why, tie into program objective(s) or indicate required by funder.

In-State Travel

\$10,241

Origin & Destination

<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>
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Mileage: (\$0.56 per mile x 127 miles per r/trip) x 2 trips per week x 1 staff x 72 weeks

\$71,120	144		1	\$10,241
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Justification:

Nurses and administrative staff will travel to rural areas of Quad-Counties to deliver vaccine events where people live.

Operating	Total:	\$560.00
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List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items are not required. Listing of typical or anticipated program supplies should be included. If providing meals, snacks, or basic nutrition, include these costs here.

Office supplies \$50 x .4 of FTE staff x 18 mo.	\$360.00
Adverse reactions safety travel kit to include epinephrine, Benadryl, blood pressure cuff, sphygmomanometer	\$200.00
Communications	\$0.00
Justification: Operating Costs	

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Equipment	Total:	\$0
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List Equipment purchase or lease costing \$5,000 or more and justify these expenditures. Also list any computers or computer-related equipment to be purchased regardless of cost. All other equipment costing less than \$5,000 should be listed under Supplies.
Describe equipment \$0.00

Contractual	Total:	\$38,892.00
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Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs. Collaborative projects with multiple partners should expand this category to break out personnel, travel, equipment, etc., for each site. Sub-awards or mini-grants that are a component of a larger project or program may be included here but require special justification as to the merits of the applicant serving as a "pass-through" entity, and its capacity to do so.

Name of Contractor, Subrecipient: TBD Total \$18,000

Method of Selection: Competitive Bid

Period of Performance: January 1, 2021-June 30, 2022

Scope of Work: Translation services for educational materials. Translations include 508 compliance for hard of seeing populations, Spanish speakers, and low health literacy.

* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget

Personnel	\$18,000.00
Travel	\$0.00
Total Budget	\$18,000.00

Method of Accountability:

Oversight will be provided by the Public Health Preparedness Manager, Clinic Services Manager, and Public Information Officer

Name of Contractor, Subrecipient: Marathon Total \$7,800

Method of Selection: Competitive Bid; state rejoinder contract

Period of Performance: January 1, 2021-June 30, 2022

Scope of Work: Bilingual field administrative staff to support Spanish translations at POD events throughout the Quad-County region.

* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget

Personnel	\$7,800.00
Travel	\$0.00
Total Budget	\$7,800.00

Method of Accountability:

Oversight will be provided by the Public Health Preparedness Manager, Clinic Services Manager, and Public Information Officer

Name of Contractor, Subrecipient: TBD - Advertising Firm Total \$12,892

Method of Selection: Competitive Bid

Period of Performance: March 1, 2021-June 30, 2022

Scope of Work: Advertising campaign for rural and Latino communities hesitant to take up the COVID vaccine

* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget

Personnel	\$12,892.00
Travel	\$0.00
Total Budget	\$12,892.00

Method of Accountability:

Oversight will be provided by the Public Health Preparedness Manager, Clinic Services Manager, and Public Information Officer

Training	Total:	\$0
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List all cost associated with Training. Including justification of expenditures.

Describe training \$0.00

Other	Total:	\$30,000.00
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Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc. Stipends or scholarships that are a component of a larger project or program may be included here but require special justification.

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Printing Services of Translated Materials: \$ 100/mo. x 24 months	\$2,400
Spanish Radio Spots: \$ 500 x 24 months	\$12,000
Spanish Newsprint Ads: \$250 x 24 months	\$6,000
Spanish Social Media Commercials: \$150 x 24 months	\$3,600
Sign Language Social Media Commercials: \$ 150 per mo. x 24 months	\$3,600
Ground Transportation (Bus vouchers): \$5 /trip x 2 trips x 300 residents	\$3,000

Justification: *Other Costs*. Bus vouchers provided for those without transportation to be able to get to vaccination sites and home.

TOTAL DIRECT CHARGES	\$150,168.00
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Indirect Charges	Indirect Rate:	0.000%	\$0
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Indirect Methodology: Explain how indirect is calculated (e.g., 11% of all direct expenses per Federally approved indirect agreement). If using a Federally approved indirect rate, be sure to include a copy of the agreement to DHHS staff.

TOTAL BUDGET	Total:	\$150,168.00
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STATE OF NEVADA
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DIVISION OF PUBLIC & BEHAVIORAL HEALTH

Form 2

NOTICE OF SUBAWARD
Applicant Name: Carson City Health and Human Services- July 1, 2020 - June 30, 2022
PROPOSED BUDGET SUMMARY

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

FUNDING SOURCES	COVID Rd3	COVID Rd3 10% Equity	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$1,351,511.69	\$150,168.00							\$1,501,679.69

EXPENSE CATEGORY	COVID Rd3	COVID Rd3 10% Equity	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
Personnel	\$430,428.00	\$70,075.00							\$500,503.00
Travel	\$0.00	\$10,241.00							\$10,241.00
Operating	\$110,840.69	\$560.00							\$111,400.69
Equipment	\$16,050.00	\$0.00							\$16,050.00
Contractual/Consultant	\$746,011.00	\$38,692.00							\$784,703.00
Training	\$0.00	\$0.00							\$0.00
Other Expenses	\$48,182.00	\$30,600.00							\$78,782.00
Indirect	\$0.00	\$0.00							\$0.00
TOTAL EXPENSE	\$1,351,511.69	\$150,168.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,501,679.69

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	\$0.00								

Total Agency Budget	\$1,501,679.69
Percent of Subrecipient Budget	100%

B. Explain any items noted as pending:

C. Program Income Calculation:

Agency Ref.#: SG 25160

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Subaward Packet (BAA)
Revised 6/19

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
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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 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.

- Nevada State Immunization Program must receive Requests for Reimbursement no later than the fifteenth (15th) day of each month for the prior month's actual expenses;
- Total reimbursement through this subaward will not exceed \$1,501,679.69;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Reimbursements will not be processed without all mandatory reporting documents:
 - Request for Reimbursement Form
 - Reimbursement Worksheet
 - Receipts for supplies, travel, equipment, and other items purchased
- Reimbursement is based on actual expenditures incurred during the period being reported. The Reimbursement Worksheet supplied should be used to tabulate and summarize the expenses by grant category and should be submitted with the other documents as described below;
 - Submit one hard copy via postal mail of original, signed Request for Reimbursement, Reimbursement Worksheet, and copies of receipts;
- Additional expenditure detail will be provided upon request from the Division.

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.
- Submit reimbursement request to the Division of Public and Behavioral Health Fiscal Services within five (5) business days but only upon receipt of all mandatory reporting documentation; and
- 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:

- To provide technical assistance to subgrantee, upon request;
- Reimburse subgrantee for Scope of Work accomplished per subgrant upon proper documentation from subgrantee;
- Submit reimbursement request to the Division of Public and Behavioral Health Fiscal Services within five (5) business days but only upon receipt of all mandatory reporting documentation; and
- The Division reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

Both parties agree:

- Site visits will be conducted by the Division of Public and Behavioral Health on an annual basis, during this grant period, to ensure grant compliance. The subrecipient monitoring program is designed to meet the federal requirement of Subpart F—Audit Requirements as outlined in Title 2 CFR-Part 200. During the Site Visit the administrative, programmatic and financial activities related to the administration and compliance requirements of federal and state laws, regulations and grant programs will be reviewed.
- 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 monthly, 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.

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

Agency Ref. #: SG 25160
Budget Account: 3213
GL: 8501
Draw #: _____

Request for Reimbursement

Program Name: Nevada State of Immunization Program Bureau of Child, Family & Community Wellness	Subrecipient Name: Carson City Health and Human Services (CCHHS)
Address: 4150 Technology Way, Suite 210 Carson City, NV 89706-2009	Address: 900 E. Long St. Carson City, NV 89706-3100
Subaward Period: 07/01/2020-06/30/2022	Subrecipient's: EIN: 88-6000189 Vendor #: T80990941 J

FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT

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

	Month(s)	Calendar year				
Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$500,503.00	\$0.00	\$0.00	\$0.00	\$500,503.00	0.0%
2. Travel	\$10,241.00	\$0.00	\$0.00	\$0.00	\$10,241.00	0.0%
3. Operating	\$111,400.69	\$0.00	\$0.00	\$0.00	\$111,400.69	0.0%
4. Equipment	\$16,050.00	\$0.00	\$0.00	\$0.00	\$16,050.00	0.0%
5. Contractual/Consultant	\$784,703.00	\$0.00	\$0.00	\$0.00	\$784,703.00	0.0%
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$78,782.00	\$0.00	\$0.00	\$0.00	\$78,782.00	0.0%
8. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
Total	\$1,501,679.69	\$0.00	\$0.00	\$0.00	\$1,501,679.69	0.0%
MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Completed
INSERT MONTH/QUARTER	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-

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

Authorized Signature _____ Title _____ Date _____

FOR Department USE ONLY

Is program contact required? ☐ Yes ☐ No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____

Scope of Work review/approval date: _____

Chief (as required): _____ Date _____

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

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?

June 30th

4. What is the official name of your organization?

Carson City, Nevada

5. How often is your organization audited?

annually

6. When was your last audit performed?

Sept-Nov 2019

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

7/1/2018 - 6/30/2019

8. Which accounting firm conducted your last audit?

Piercy Bowler Taylor +
Hern (now BDO)

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

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

SECTION 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. *GA*

Name

Services

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

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

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

SECTION G

Business Associate Addendum

BETWEEN

Nevada Department of Health and Human Services

Hereinafter referred to as the "Covered Entity"

and

Carson City Health and Human Services

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 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.

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

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, 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

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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 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.

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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.
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.

Steve Sisolak
Governor
Richard Whitley, MS
Director



DEPARTMENT OF
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Helping people. It's who we are and what we do.



Lisa Sherych
Administrator
Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer

DATE: February 23, 2021

MEMORANDUM

TO: Christina Hadwick, ASO IV
Division of Public and Behavioral Health

THROUGH: Candice McDaniel MS, Bureau Chief CM
Bureau OF Child, Family and Community Wellness

FROM: Shannon Bennett, Program Manager B
Immunization Program

SUBJECT: REQUEST FOR RETROACTIVE APPROVAL

This memorandum requests that the following subgrant(s) be approved for a retroactive start.

The following information is required:

- Name of Subrecipient:
 - Carson City Health and Human Services \$ 1,501,679.69 SG 25145
 - Southern Nevada Health District \$ 17,665,446.35 SG 25146
 - Immunize Nevada \$ 200,000.00 SG 25147
 - Washoe County Health District \$ 3,827,286.35 SG 25148
- Services to be provided: To plan and implement COVID-19 vaccination services with strike teams and mass vaccination events. Also, to increase COVID-19 vaccine access and uptake through the development and dissemination of targeted messaging to the public.
- Funding source and expenditure category: 3213 - CAT 22, 9326821V; 6 NH23IP922609-02-05
- Requested start date of work: 07/01/2020
- Expected execution date of agreement (IFC approval date or N/A): N/A
- Detailed explanation as to why a retroactive agreement is necessary, including:
 - Reason(s) why the agreement was not submitted timely:
 - The Nevada State Immunization Program (NSIP) received additional COVID fund on January 15, 2021. NSIP sent out Scope of works and budget templated to sub grantees and stated to be drafted as soon as.
 - Describe the impact to the program/services if this work is not started prior to the execution of the agreement:
 - These COVID funds terminates June 30, 2024. If retroactive contracts are prohibited for these vendors, they may be unable to expend the full award in such a short timeframe and a much-needed portion may end up being returned to the federal government. These funds will be sub granted out to the subgrantees to immediately continue address and respond to plan and fund mass-vaccination events with community partners that consider barriers to vaccine access, particularly during the COVID-19 pandemic.
 - Explain how the program/bureau will prevent future retroactive requests:
 - Although it is not common, but a Pandemic cannot be foreseen, future retroactive requests may be unavoidable due to this issue. However, better time management will help prevent future retroactive requests.

If you have any questions, please contact Shannon Bennett at (775) 684-2225 or sbennett@health.nv.gov.

cc: Contract Unit
Division of Public and Behavioral Health



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

Agency Ref. #: **SG 25160-1**
Budget Account: 3213
Category: 18
GL: 8501
Job Number: 9326821V

SUBAWARD AMENDMENT #1

6680021043

Program Name: Nevada State Immunization Program Office of Bureau of Child, Family & Community Wellness Shannon Bennett, sbennett@health.nv.gov	Subrecipient's Name: Carson City Health and Human Services (CCHHS)		
Address: 4150 Technology Way, Suite 210 Carson City, NV 89706-2009	Address: 900 E. Long St. Carson City, NV 89706		
Subaward Period: 07/01/2020 through 06/30/2022	Amendment Effective Date: 07/01/2020		
This amendment reflects a change to:			
<input type="checkbox"/> Scope of Work <input type="checkbox"/> Term <input checked="" type="checkbox"/> Budget			
Reason for Amendment: The purpose of this amendment is to increase budget amount by \$192,754.95 not to exceed \$1,694,434.64. NSIP received additional round 3 COVID funds, these funds were distributed amongst our local health districts based on population to increase their budget amounts.			
Required Changes: This language should correlate to the checkboxes above.			
Current Language: Total reimbursement through this subaward will not exceed \$1,501,679.69. See Section C and D of the original subaward.			
Amended Language: Total reimbursement through this subaward will not exceed \$1,694,434.64 . See attached Section C and D revised on 07/06/2021			
Approved Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$500,503.00	\$53,040.00	\$553,543.00
2. Travel	\$10,241.00	\$23,771.00	\$34,012.00
3. Operating	\$111,400.69	\$11,639.95	\$123,040.64
4. Equipment	\$16,050.00	\$11,000.00	\$27,050.00
5. Contractual/Consultant	\$784,703.00	\$82,000.00	\$866,703.00
6. Training	\$0.00	\$0.00	\$0.00
7. Other	\$78,782.00	\$11,304.00	\$90,086.00
TOTAL DIRECT COSTS	\$1,501,679.69	\$192,754.95	\$1,694,434.64
8. Indirect Costs	\$0.00	\$0.00	\$0.00
TOTAL APPROVED BUDGET	\$1,501,679.69	\$192,754.95	\$1,694,434.64
Incorporated Documents: Section C: Budget and Financial Reporting Requirements revised on 07/06/2021 (if applicable) Section D: Request for Reimbursement revised on 07/06/2021 (if applicable)			

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
Nicki Aaker Director	Nancy Paulson City Manager	7/15/21
Karissa Loper, MPH Health Bureau Chief, CFCW	Karissa Loper	07/21/21
For Lisa Sherych Administrator, DPBH	Lisa Sherych	7/21/21

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SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Public and Behavioral Health through Grant Number 6 NH23IP922609-02-06 from The Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor The CDC."

Any activities performed under this subaward shall acknowledge the funding was provided through the Division by Grant Number 6 NH23IP922609-02-06 from The Centers for Disease Control and Prevention (CDC).

Funding Sources:
Nevada Immunization & Vaccine for Children Federal Grant (CDC) COVID9 Funds

% Funds:
100%

Applicant Name: Carson City Health and Human Services- July 1, 2020 - June 30, 2022

BUDGET NARRATIVE

					Budget Ceiling	\$	1,523,437.64
Total Personnel Costs					including fringe	Total:	\$ 478,164.00
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>	
Susan Pintar, MD, Medical Monitor Lead for Vaccination Events	\$12,000.00	4.500%	100.00%	24	200%	\$25,080	
Jeanne Freeman, COVID Vaccine Incident Commander	\$82,419.79	48.780%	20.00%	24	200%	\$49,050	
Cari Rioux Field Vaccine Coordinator	\$66,294.08	57.080%	40.00%	24	200%	\$83,308	
Lauren Staffen, Field Vaccine Coordinator	\$68,640.40	34.780%	30.00%	24	200%	\$55,508	
Jessica Rapp, Communication Specialist/PIO	\$52,752.75	33.850%	20.00%	24	200%	\$28,244	
Amber LaFollette, Fiscal Analyst	\$59,158.82	60.720%	10.00%	24	200%	\$19,016	
Vacant, Administrative Assistant (Bi-Lingual)	\$42,283.15	60.720%	15.00%	12	100%	\$10,194	
Veronica Galas, Clinic Services Manager/Homebound Coordinator	\$93,600.00	49.500%	20.00%	12	100%	\$27,986	
Toni Orr, Public Health Nurse - Field Vaccination Supervisor	\$73,902.40	4.500%	50.00%	12	100%	\$38,614	

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	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>New Position (Vacant), Public Health Program Specialist (Compliance Lead)</u>	\$70,720.00	4.500%	50.000%	24	150.00%	\$55,427
<u>Kelly Cavins, Part-Time Planner</u>	\$36,365.00	4.500%	100.000%	12	100.00%	\$38,001
<u>New Position (Vacant), Public Health Program Specialist (Compliance Support)</u>	\$70,720.00	50.000%	45.000%	24	100.00%	\$47,736.00
	Total Fringe Cost	\$110,801			Total Salary Cost:	\$367,362.96
	Total Budgeted FTE	5.00000				

<u>Travel</u>	Total:				\$21,163.00
<u>Out-of-State Travel</u>					\$19,147.00
<u>Title of Trip & Destination: NACCHO Annual Preparedness Conference, Atlanta, GA</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>		
<u>Cost</u>					
Airfare: \$650 cost per trip (Reno, NV to Atlanta, GA) x 1 of trips x 1 of staff	\$650	1	0.9	\$585.00	
Baggage fee: \$50 per person x 1 of trips x 1 of staff	\$50	1	0.9	\$45.00	
Per Diem: \$66 per day per GSA rate for area x 1 of trips x 1 of staff	\$66	1	5	0.9	\$297.00
Lodging: \$163 per day + \$30.81 tax = total \$193.81 x 1 of trips x 4 of nights x 1 of staff	\$194	1	4	0.9	\$698.00
Ground Transportation: \$45 per r/trip x 1 of trips x 1 of staff	\$45	1	4	0.9	\$162.00
Mileage: (\$0.56 rate per mile x 50 of miles per r/trip) x 1 of trips x 1 of staff	\$28.000	1	0.9	\$25.00	
Parking: \$14 per day x 1 of trips x 5 of days x 1 of staff	\$14	1	5	0.9	\$63.00

Justification:

COVID Education and Outreach Coordinator to attend the NACCHO Annual Preparedness Conference to learn from other jurisdictions and their COVID education and outreach challenges and successes. This conference is supported by the Centers for Disease Control and Prevention.

<u>Title of Trip & Destination: Highly Infectious Disease Conference, Los Angeles, CA</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>		
<u>Cost</u>					
Airfare: \$500 cost per trip (Reno, NV to Los Angeles, CA) x 1 of trips x 3 staff and up to 7 pandemic vaccination providers	\$500	1	10	\$5,000.00	
Baggage fee: \$50 per person x 1 of trips x 3 staff and up to 7 pandemic vaccination providers	\$50	1	10	\$500.00	
Per Diem: \$66 per day per GSA rate for area x 1 of trips x 3 staff and up to 7 pandemic vaccination providers	\$66	1	4	10	\$2,640.00
Lodging: \$182 per day + \$34.30 tax = total \$216.40 x 1 of trips x 3 of nights x 3 staff and up to 7 pandemic vaccination providers	\$216	1	3	10	\$6,492.00
Ground Transportation: \$45 per r/trip x 1 of trips x 3 staff and up to 7 pandemic vaccination providers	\$45	1	4	10	\$1,800.00
Mileage: (\$0.56 rate per mile x 50 of miles per r/trip) x 1 of trips x 3 staff and up to 7 pandemic vaccination providers	\$28.000	1	10	\$280.00	

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Parking: \$14 per day x 1 of trips x 4 of days x 3 staff and up to 7 pandemic vaccination providers	\$14	1	4	10	\$560.00
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Justification:

Field vaccination lead, Biostatistician, Public Health Nurse, and COVID Education and Outreach Coordinator to attend the Highly Infectious Disease conference hosted by Cedar-Sinai Medical Center. Additionally, to send up to 7 community healthcare providers to the conference as an educational opportunity to be better prepared for the next pandemic. This conference allows for the sharing of best practices and to allow our pandemic providers from the region to continue to work with us collaboratively on our COVID vaccination efforts. Provides continuing education for physicians and nurses.

In-State Travel

\$2,016.00

Origin & Destination: Carson City Health and Human Services to various locations across Quad-Counties for education and outreach

of Trips # of days # of Staff

Cost

Mileage: (\$0.56 x 120 miles per r/trip) x 30 of trips x 1 of staff	\$67.200	30	1	\$2,016.00
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Justification:

Trips around the Quad-counties region for the compliance support staff member to travel and complete compliance checks.

<u>Operating</u>	Total:	\$120,713.64
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Office supplies \$ 75.50 x 4.55 FTE staff x 18 mo.	\$6,184.19
Copier Rental: \$ 75 per/mo. x 18 months x 4.55 of FTE	\$6,142.50
Data loggers for vaccine transport and event monitoring (8 data loggers x \$150/each)	\$1,200.00
Sanitizer, trash bags, and cleaning supplies for vaccination events (\$65/month x 24 months)	\$1,560.00
6' tables for vaccination sites (14 tables x 4 locations x \$100/each)	\$5,600.00
Foldable chairs for multiple vaccination sites (80 x 4 locations x \$150 for a pack of 4)	\$12,000.00
Line delineators for multiple vaccination sites (20 x 4 locations x \$120/each)	\$9,600.00
Metal storage cages for 4 POD locations (4 x \$2,500/each)	\$10,000.00
POD supplies to include, but not be limited to, pens, clipboards, labels, highlighters, folders, binder clips, sanitary table coverings, painters tape, sterile gauze) \$300/month x 24 months	\$7,200.00
Band aids and sharps containers (\$1000/month x 24 months)	\$24,000.00
VeriCor Cool Cube coolers for vaccine transport to multiple vaccination sites (\$899/each x 5 coolers)	\$4,495.00
Oxygen tanks to support multiple POD locations (4 tanks x \$30/month x 24 months)	\$2,880.00
Needles and syringes (\$500/month x 24 months)	\$12,000.00
Prezi subscription for virtual vaccinator training development (\$15/month x 18 months)	\$270.00
Phones for new staff workstations (\$250/each x 5)	\$1,250.00
Desks and office chairs for new staff workstations (\$800/staff x 5 staff)	\$4,000.00
Secure File Cabinets (4 vertical; 2 lateral)	\$2,203.00
Portable trash cans (4 trash cans @ \$16/each x 4 POD locations)	\$256.00
Office supplies \$100 amount x 1.45 FTE staff x 14 mo.	\$2,030.00
VeriCooler freezer coolers for vaccine transport to multiple vaccination sites (\$985/each x 4 freezer coolers)	\$3,940.00
Banners for across main street to encourage COVID vaccinations (\$500/each x 4)	\$2,000.00
Data Loggers (\$189.00 x 4)	\$756.00
ESRI Dashboard Upgrade for Vaccination Reports (90% of cost)	\$1,146.95

Justification:

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

Equipment	Total:	\$25,950.00
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Describe equipment

6 laptops for field operations at multiple sites (6 laptops x \$1,600 each)	\$9,600.00
3 laptops, docking stations, and dual screens for new staff (3 laptop set ups x \$2,150 each)	\$6,450.00
Ultra-Cold Freezer to support continued Quad-County COVID vaccinations (90% of cost of \$11,000)	\$9,900.00

Contractual		\$819,811.00
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Name of Contractor, Subrecipient: Marathon	Total	\$4,055
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Method of Selection: Competitive bid; state joinder contract

Period of Performance: March 1, 2021-June 30, 2022

Scope of Work: Staff to provide fiscal support for subgrant award. 10% of time each week = 2.4 hours/week. Pay rate \$24.72/hour

* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget

Personnel	\$4,055.00
Travel	\$0.00
Total Budget	\$4,055.00

Method of Accountability:

The Department Manager and Public Health Preparedness Manager are responsible for staff oversight and timeliness of submitted work.

Name of Contractor, Subrecipient: Marathon	Total	\$148,083
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Method of Selection: Competitive bid; state joinder contract

Period of Performance: January 1, 2021-June 30, 2022

Scope of Work: Vaccination nurses (up to 8) operate with vaccine oversight at various POD locations across the Quad-County region. Paid at rate of \$39.552/hour.

* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget

Personnel	\$148,083.00
Travel	\$0.00
Total Budget	\$148,083.00

Method of Accountability:

Oversight will be provided by the Lead Vaccination Nurse to ensure properly trained and implementing vaccines safely.

Name of Contractor, Subrecipient: Marathon	Total	\$131,115
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Method of Selection: Competitive bid; state joinder contract

Period of Performance: January 1, 2021-June 30, 2022

Scope of Work: Serve as Lead Vaccination Nurse (1) responsible for all training and oversight of field nurses, vaccine orders, and vaccine reconciliation. Paid at rate of

* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget

Personnel	\$131,115.00
Travel	\$0.00
Total Budget	\$131,115.00

Method of Accountability:

Oversight will be provided by the Clinic Services Manager, Public Health Preparedness Manager, and the CCHHS Director

Name of Contractor, Subrecipient: Marathon	Total	\$462,758
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Method of Selection: Competitive bid; state joinder contract

Period of Performance: July 1, 2021-June 30, 2022

Scope of Work: Data entry specialists (9) to ensure vaccination data is entered into the Statewide database accurately and on a timely basis. Pay rate: \$24.72/hour

* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget

Personnel	\$462,758.00
Travel	\$0.00
Total Budget	\$462,758.00

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

Method of Accountability:

Oversight will be provided by the Public Health Preparedness Manager

Name of Contractor, Subrecipient:

Total \$0

Method of Selection: explain, i.e., sole source or competitive bid

Period of Performance: June 30, 2014 - June 29, 2015

Scope of Work: Define scope of work

What will be the specific services/tasks that will be completed and specific deliverables. How do deliverables relate to your goals and objectives, how will deliverables achieve your objective(s).

* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget

Personnel	\$0.00
Travel	\$0.00
Total Budget	\$0.00

Name of Contractor, Subrecipient: NSHE

Total \$73,800

Method of Selection: Competitive Bid

Period of Performance: July 1, 2021-June 30, 2022

Scope of Work: Define scope of work

COVID Education and Outreach Coordinator to travel around the Quad-Counties region to provide education and conduct provider recruitment for COVID vaccinations. To assist with educating employers regarding COVID resources and employee access to vaccinations and testing; 90% in basic budget

* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget

Personnel	\$72,900.00
Travel	\$900.00
Total Budget	\$73,800.00

Training

Total: \$0.00

Describe training \$0.00

Other

Total: \$57,636.00

External printing Services for consent forms and patient education materials: \$ 1,280/mo. x 24 months	\$30,720
Internal printing services for labels and operations copies: \$ 175 x 24 months	\$4,200
Medical waste disposal - sharps \$100/month x 24 months)	\$2,400
Hot spots for on-site check-in and second dose appointment scheduling (\$35/month x 3 hotspots x 24 months	\$2,520
Phone services: \$ 20.09/month x 24 months	\$482
Postage: \$ 27.50 per mo. x 24 months	\$660
Document shredding services: \$30/month x 24 months	\$720
Data logger calibration: \$ 25/data logger x 12 vaccine data loggers x 2 times in 24-month period	\$600
Virtual Conference Call Service: \$ 45 per mo. x 24 months	\$1,080
POD signs for multiple POD sites (\$100/sign x 8 signs x 4 locations)	\$3,200
Metal sign frames (\$50/frame x 8 signs x 4 locations)	\$1,600
Vaccination Supplies (to include, but not be limited to, sharps containers, syringes, needles, Band-Aids, alcohol prep pads, gloves) \$ 300/mo. x 12 months	\$3,600.00
Freezer and Ultra Cold Freezer Service Contract (\$200/month x 12 months)	\$2,400.00

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

Data Logger calibration (\$25 x 4 data logger x 2 times in 24 months)	\$200.00
Culturally relevant COVID vaccine education materials for community outreach events (\$200/month x 12 months)	\$2,400.00
PPE for vaccination events	\$854.00

TOTAL DIRECT CHARGES	\$ 1,523,437.64
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Indirect Charges	Indirect Rate:	0.000%	\$0.00
Indirect Methodology: N/A			

TOTAL BUDGET	Total:	\$1,523,437.64
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10% Equity Budget

Applicant Name: Carson City Health and Human Services- July 1, 2020 - June 30, 2022

BUDGET NARRATIVE

Total Personnel Costs	including fringe	Total:	Budget Ceiling	\$170,997.00
				\$ 75,379

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>Vanette Hotelling,</u> <u>Public Health Nurse/Homebound Vaccinator</u>	\$83,429.00	56.130%	30.000%	18	150.00%	\$58,616

<u>Catherine Peyton,</u> <u>Biostatistician</u>	\$55,000.00	38.900%	10.000%	18	150.00%	\$11,459
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<u>New Position (Vacant),</u> <u>Public Health Program Specialist (Compliance Support)</u>	\$70,720.00	50.000%	5.000%	24	Percent of Months worked Annual 100.00%	Amount Requested \$5,304.00
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Total Fringe Cost	\$26,050	Total Salary Cost:	\$49,329.05
Total Budgeted FTE	0.45000		

Travel	Total:	\$12,849.00
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Out-of-State Travel	Total:	\$1,936.00
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Title of Trip & Destination: NACCHO Annual Preparedness Conference, Atlanta, GA

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: \$650 cost per trip (Reno, NV to Atlanta, GA) x 1 of trips x 1 of staff	\$650	1		0.1	\$65.00
Baggage fee: \$50 per person x 1 of trips x 1 of staff	\$50	1		0.1	\$5.00
Per Diem: \$66 per day per GSA rate for area x 1 of trips x 1 of staff	\$66	1	5	0.1	\$33.00
Lodging: \$163 per day + \$30.81 tax = total \$193.81 x 1 of trips x 4 of nights x 1 of staff	\$194	1	4	0.1	\$78.00
Ground Transportation: \$45 per r/trip x 1 of trips x 1 of staff	\$45	1	4	0.1	\$18.00
Mileage: (\$0.56 rate per mile x 50 of miles per r/trip) x 1 of trips x 1 of staff	\$28.000	1		0.1	\$3.00
Parking: \$14 per day x 1 of trips x 5 of days x 1 of staff	\$14	1	5	0.1	\$7.00

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

Justification:

COVID Education and Outreach Coordinator to attend the NACCHO Annual Preparedness Conference to learn from other jurisdictions and their COVID education and outreach challenges and successes with hard to reach populations. This conference is supported by the Centers for Disease Control and Prevention.

Title of Trip & Destination: Highly Infectious Disease Conference, Los Angeles, CA

<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: \$500 cost per trip (Reno, NV to Los Angeles, CA) x 1 of trips x 1 staff	\$500	1	1	\$500.00
Baggage fee: \$50 per person x 1 of trips x 1 staff	\$50	1	1	\$50.00
Per Diem: \$66 per day per GSA rate for area x 1 of trips x 1 staff	\$66	1	4	\$264.00
Lodging: \$182 per day + \$34.30 tax = total \$216.40 x 1 of trips x 3 of nights x 1 staff	\$216	1	3	\$649.00
Ground Transportation: \$45 per r/trip x 1 of trips x 1 staff	\$45	1	4	\$180.00
Mileage: (\$0.56 rate per mile x 50 of miles per r/trip) x 1 of trips x 1 staff	\$28.000	1	1	\$28.00
Parking: \$14 per day x 1 of trips x 4 of days x 1 staff	\$14	1	4	\$56.00

Justification:

Public Health Nurse who conducted vaccination efforts with hard-to-reach populations to attend the Highly Infectious Disease conference hosted by Cedar-Sinai Medical Center. This conference allows for the sharing of best practices and to allow our pandemic providers from the region to continue to work with us collaboratively on our COVID vaccination efforts. Provides continuing education for physicians and nurses.

In-State Travel

Origin & Destination: Carson City Health and Human Services to various locations across Quad-Counties for education and outreach

<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Mileage: (\$0.56 x 120 miles per r/trip) x 10 of trips x 1 of staff	\$67.200	10	1	\$672.00

Justification:

Trips around the Quad-counties region for the compliance support staff member to travel and complete compliance checks.

In-State Travel

<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Mileage: (\$0.56 per mile x 127 miles per r/trip) x 2 trips per week x 1 staff x 72 weeks	\$71.120	144	1	\$10,241

Justification:

Nurses and administrative staff will travel to rural areas of Quad-Counties to deliver vaccine events where people live.

Operating

Total: \$2,327.00

Office supplies \$50 x .4 of FTE staff x 18 mo.	\$360.00
Adverse reactions safety travel kit to include epinephrine, Benadryl, blood pressure cuff, sphygmomanometer	\$200.00
Office supplies \$15 amount x 1.45 FTE staff x 14 mo.	\$507.50
Data Logger (\$189 x 1)	\$189.00
ESRI Dashboard Upgrade for Vaccination Data (10% of cost)	\$126.95
Media distribution -- Culturally-relevant media distribution costs for print, radio, television, billboards for hard to reach populations	\$943.50

Equipment

Total: \$1,100.00

Ultra-Cold Freezer to support continued Quad-County COVID vaccinations (10% of cost of \$11,000)	\$1,100.00
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Contractual

\$46,892.00

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

Name of Contractor, Subrecipient: TBD

Total \$18,000

Method of Selection: Competitive Bid

Period of Performance: January 1, 2021-June 30, 2022

Scope of Work: Translation services for educational materials. Translations include 508 compliance for hard of seeing populations, Spanish speakers, and low health literacy.

* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget

Personnel	\$18,000.00
Travel	\$0.00
Total Budget	\$18,000.00

Method of Accountability:

Oversight will be provided by the Public Health Preparedness Manager, Clinic Services Manager, and Public Information Officer

Name of Contractor, Subrecipient: Marathon

Total \$7,800

Method of Selection: Competitive Bid; state rejoinder contract

Period of Performance: January 1, 2021-June 30, 2022

Scope of Work: Bilingual field administrative staff to support Spanish translations at POD events throughout the Quad-County region.

* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget

Personnel	\$7,800.00
Travel	\$0.00
Total Budget	\$7,800.00

Method of Accountability:

Oversight will be provided by the Public Health Preparedness Manager, Clinic Services Manager, and Public Information Officer

Name of Contractor, Subrecipient: TBD - Advertising Firm

Total \$12,892

Method of Selection: Competitive Bid

Period of Performance: March 1, 2021-June 30, 2022

Scope of Work: Advertising campaign for rural and Latino communities hesitant to take up the COVID vaccine

* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget

Personnel	\$12,892.00
Travel	\$0.00
Total Budget	\$12,892.00

Method of Accountability:

Oversight will be provided by the Public Health Preparedness Manager, Clinic Services Manager, and Public Information Officer

Name of Contractor, Subrecipient: NSHE

Total \$8,200

Method of Selection: Competitive Bid

Period of Performance: July 1, 2021-June 30, 2022

Scope of Work: Define scope of work

COVID Education and Outreach Coordinator to travel around the Quad-Counties region to provide education and conduct provider recruitment for COVID vaccinations. To assist with educating employers regarding COVID resources and employee access to vaccinations and testing; 10% for equity efforts.

* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget

Personnel	\$8,100.00
Travel	\$100.00
Total Budget	\$8,200.00

Training

Describe training

\$0.00

Total:

\$0.00

Other

Total:

\$32,450.00

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

Printing Services of Translated Materials: \$ 100/mo. x 24 months	\$2,400
Spanish Radio Spots: \$ 500 x 24 months	\$12,000
Spanish Newsprint Ads: \$250 x 24 months	\$6,000
Spanish Social Media Commercials: \$150 x 24 months	\$3,600
Sign Language Social Media Commercials: \$ 150 per mo. x 24 months	\$3,600
Ground Transportation (Bus vouchers): \$5 r/trip x 2 trips x 300 residents	\$3,000
Vaccination Supplies (to include, but not be limited to, sharps containers, syringes, needles, Band-Aids, alcohol prep pads, gloves) \$ 50/mo. x 12 months	\$600.00
Data Logger calibration (\$25 x 1 data logger x 2 times in 24 months)	\$50.00
Freezer and Ultra Cold Freezer Service Contract (\$50/month x 12 months)	\$600.00
Culturally relevant COVID vaccine education materials for community outreach events (\$50/month x 12 months)	\$600.00

Justification: *Other Costs.* Bus vouchers provided for those without transportation to be able to get to vaccination sites and home.

TOTAL DIRECT CHARGES		\$170,997.00
Indirect Charges	Indirect Rate:	0.000%
Indirect Methodology: N/A		\$0.00
TOTAL BUDGET	Total:	\$170,997.00

Form 2

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

EXPENSE CATEGORY

TOTAL EXPENSE	\$1,523,437.64	\$170,997.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,694,434.64
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Total Indirect Cost	\$0.00
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C. Program Income Calculation:

Subaward Amendment Packet
Revised 8/18

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

- 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 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.

- Nevada State Immunization Program must receive Requests for Reimbursement no later than the fifteenth (15th) day of each month for the prior month's actual expenses;
- **Total reimbursement through this subaward will not exceed \$1,694,434.64;**
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Reimbursements will not be processed without all **mandatory reporting documents**:
 - Request for Reimbursement Form
 - Reimbursement Worksheet
 - Receipts for supplies, travel, equipment, and other items purchased
- Reimbursement is based on actual expenditures incurred during the period being reported. The Reimbursement Worksheet supplied should be used to tabulate and summarize the expenses by grant category and should be submitted with the other documents as described below;
 - Submit one hard copy via postal mail of original, signed Request for Reimbursement, Reimbursement Worksheet, and copies of receipts;
- Additional expenditure detail will be provided upon request from the Division.

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:

- To provide technical assistance to subgrantee, upon request;
- Reimburse subgrantee for Scope of Work accomplished per subgrant upon proper documentation from subgrantee;
- Submit reimbursement request to the Division of Public and Behavioral Health Fiscal Services within five (5) business days but only upon receipt of all mandatory reporting documentation; and
- The Division reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

Both parties agree:

- Site visits will be conducted by the Division of Public and Behavioral Health on an annual basis, during this grant period, to ensure grant compliance. The subrecipient monitoring program is designed to meet the federal requirement of Subpart F—Audit Requirements as outlined in Title 2 CFR-Part 200. During the Site Visit the administrative, programmatic and financial activities related to the administration and compliance requirements of federal and state laws, regulations and grant programs will be reviewed.
- 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 monthly, 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.

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

Agency Ref. #: **SG 25160-1**
Budget Account: **3213**
GL: **8501**
Draw #: _____

Request for Reimbursement

Program Name: Nevada State of Immunization Program Bureau of Child, Family & Community Wellness	Subrecipient Name: Carson City Health and Human Services (CCHHS)
Address: 4150 Technology Way, Suite 210 Carson City, NV 89706-2009	Address: 900 E. Long St. Carson City, NV 89706-3100
Subaward Period: 07/01/2020-06/30/2022	Subrecipient's: EIN: 88-6000189 Vendor #: T80990941 J

FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT

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

Approved Budget Category	Month(s)		Calendar year			
	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$553,543.00	\$0.00	\$0.00	\$0.00	\$553,543.00	0.0%
2. Travel	\$34,012.00	\$0.00	\$0.00	\$0.00	\$34,012.00	0.0%
3. Operating	\$123,040.64	\$0.00	\$0.00	\$0.00	\$123,040.64	0.0%
4. Equipment	\$27,050.00	\$0.00	\$0.00	\$0.00	\$27,050.00	0.0%
5. Contractual/Consultant	\$866,703.00	\$0.00	\$0.00	\$0.00	\$866,703.00	0.0%
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$90,086.00	\$0.00	\$0.00	\$0.00	\$90,086.00	0.0%
8. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
Total	\$1,694,434.64	\$0.00	\$0.00	\$0.00	\$1,694,434.64	0.0%
MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Completed
INSERT MONTH/QUARTER	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-

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

Authorized Signature _____ Title _____ Date _____

FOR Department USE ONLY

Is program contact required? ☐ Yes ☐ No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____

Scope of Work review/approval date: _____

Chief (as required): _____

Date



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

Agency Ref. #: **SG 25569**
Budget Account: **3219**
Category: **08**
GL: **8501**
Job Number: **9397722C**

NOTICE OF SUBAWARD

Program Name: STD Surveillance Program Office of Public Health Investigations and Epidemiology Elizabeth Kessler / ekessler@health.nv.gov	Subrecipient Name: Carson City Health and Human Services (CCHHS) <div style="text-align: right; color: blue; font-family: cursive;">G680022033</div>
Address: 4150 Technology Way, Suite #300 Carson City, NV 89706-2009	Address: 900 East Long Street Carson City, NV 89706
Subaward Period: March 1, 2022, through December 31, 2022	Subrecipient's: <div style="text-align: right;"> EIN: 88-60000189 Vendor #: T80990941J Dun & Bradstreet: 073787152 </div>

Purpose of Award: To expand, train, and sustain the DIS workforce to support jurisdictional COVID-19 and other infectious disease prevention and response.

Region(s) to be served: ☐ Statewide ☒ Specific county or counties: Carson City, Douglas, Lyon, and Storey Counties

Approved Budget Categories:		FEDERAL AWARD COMPUTATION:	
1. Personnel	\$164,747.00	Total Obligated by this Action:	\$ 192,340.00
2. Travel	\$0.00	Cumulative Prior Awards this Budget Period:	\$ 0.00
3. Operating	\$10,517.00	Total Federal Funds Awarded to Date:	\$ 192,340.00
4. Equipment	\$0.00	Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
5. Contractual/Consultant	\$0.00	Amount Required this Action:	\$ 0.00
6. Training	\$0.00	Amount Required Prior Awards:	\$ 0.00
7. Other	\$0.00	Total Match Amount Required:	\$ 0.00
TOTAL DIRECT COSTS	\$175,264.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
8. Indirect Costs	\$17,076.00	Federal Budget Period: 1/1/2021 through 12/31/2021	
TOTAL APPROVED BUDGET	\$192,340.00	Federal Project Period: 1/1/2019 through 12/31/2023	
FOR AGENCY USE, ONLY			

Source of Funds: Centers for Disease Control and Prevention	% Funds: 100%	CFDA: 93.977	FAIN: NH25PS005179	Federal Grant #: 6 NH25PS005179-04-02	Grant Award Date by Federal Agency: 2/18/22
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Agency Approved Indirect Rate: 6.9%

Subrecipient Approved Indirect Rate: 10.0%

Terms and Conditions:

In accepting these grant funds, it is understood that:

1. This award is subject to the availability of appropriate funds.
2. Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.
3. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented
4. Subrecipient must comply with all applicable Federal regulations
5. Quarterly progress reports are due by the 30th of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator.
6. Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.

Incorporated Documents:

Section A: Grant Conditions and Assurances;
 Section B: Description of Services, Scope of Work and Deliverables;
 Section C: Budget and Financial Reporting Requirements;
 Section D: Request for Reimbursement;

Section E: Audit Information Request;
 Section F: Current/Former State Employee Disclaimer;
 Section G: DHHS Business Associate Addendum; and

Name	Signature	Date
Lori Bagwell Mayor, for CCHHS		3/11/22
Lindsey Kinsinger OPHIE Manager		
for Lisa Sherych Administrator, DPBH		

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SECTION A
GRANT CONDITIONS AND ASSURANCES

General Conditions

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Recipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Department of Health and Human Services (hereafter referred to as "Department") shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance as the Recipient is an independent entity.
2. The Recipient shall hold harmless, defend and indemnify the Department from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Recipient's performance or nonperformance of the services or subject matter called for in this Agreement.
3. The Department or Recipient may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Department or Recipient from its obligations under this Agreement.
 - The Department may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Department and Recipient.
4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Section B may only be undertaken with the prior approval of the Department. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Recipient under this Agreement shall, at the option of the Department, become the property of the Department, and the Recipient shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.
 - The Department may also suspend or terminate this Agreement, in whole or in part, if the Recipient materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Department may declare the Recipient ineligible for any further participation in the Department's grant agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Recipient is in noncompliance with any applicable rules or regulations, the Department may withhold funding.

Grant Assurances

A signature on the cover page of this packet indicates that the applicant is capable of and agrees to meet the following requirements, and that all information contained in this proposal is true and correct.

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for grantees that expend \$750,000 or more in Federal awards during the grantee's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**
8. Compliance with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended—Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
9. Certification that neither the Recipient nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. This certification is made pursuant to regulations

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implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211).

10. No funding associated with this grant will be used for lobbying.
11. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
12. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
13. An organization receiving grant funds through the Department of Health and Human Services shall not use grant funds for any activity related to the following:
 - Any attempt to influence the outcome of any federal, state or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
 - Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
 - Any attempt to influence:
 - The introduction or formulation of federal, state or local legislation; or
 - The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
 - Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence state or local officials to engage in a similar lobbying activity.
 - Any attempt to influence:
 - The introduction or formulation of federal, state or local legislation;
 - The enactment or modification of any pending federal, state or local legislation; or
 - The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, **by preparing, distributing or using** publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.
 - Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
 - Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
14. An organization receiving grant funds through the Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
 - Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
 - Not specifically directed at:
 - Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
 - Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
 - Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

This provision does not prohibit a recipient or an applicant for a grant from providing information that is directly related to the grant or the application for the grant to the granting agency.

To comply with reporting requirements of the Federal Funding and Accountability Transparency Act (FFATA), the sub-grantee agrees to provide the Department with copies of all contracts, sub-grants, and or amendments to either such documents, which are funded by funds allotted in this agreement.

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

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SECTION B

Description of Services, Scope of Work and Deliverables

Carson City Health and Human Services (CCHHS), hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

Scope of Work for Carson City Health and Human Services (CCHHS) STD Supplemental Subaward

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1.1 Assess workforce capacity and strategic gaps to identify hiring priorities.	1.1.1 Participate and collaborate with the Division of Public and Behavioral Health's STD Program, local health authorities, and national partners for community assessment for partner services to identify programmatic strengths and gaps and priorities of DIS hiring needs and goals with a focus on diversity, health equity, and inclusion for the workforce to serve local communities more effectively.	Ongoing through subaward	<ul style="list-style-type: none"> Draft and complete community assessments Completion of survey and request for information Meeting agendas and minutes
1.2 Expand the workforce through the hiring of disease investigation staff, including those who conduct case investigation, contact tracing, linkage to prevention and treatment, and outbreak response, or those who directly support disease investigation	1.2.1 Hire staff outlined within the subgrant budget.	3/1/22-12/31/22	<ul style="list-style-type: none"> Requests for reimbursement including new staff Report of Staffing Plan
	1.2.2 Purchase incentives to motivate the most vulnerable clients to engage in and retain care, including prenatal care.	12/31/22	<ul style="list-style-type: none"> Report of # of materials disseminated and # of materials purchased

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
2.1 Train new and existing staff in both strategic and specialized public health competencies.	2.1.1 Collaborate and participate with DPBH, LHAs, and other national partners to develop and implement a training needs assessment for the existing and new workforce.	Ongoing through subaward	<ul style="list-style-type: none"> Draft and complete training needs assessment Completion of survey and request for information Meeting agendas and minutes
	2.1.2 Conduct onboarding of new hires to provide the foundation for agency and program expectations.	3/1/22-12/31/22	<ul style="list-style-type: none"> Report documenting the # of onboarding trainings conducted
	2.1.3 Provide agency-level trainings that are required of all staff, to include: workplace policies, workplace harassment, Defensive Driving, Incidence Command System, HIPAA, workplace health, Health Equity, and agency overview.	Ongoing through subaward	<ul style="list-style-type: none"> Report of the # of trainings conducted
	2.1.4 Provide appropriate program-level trainings required of SPH staff to include: Data Security & Confidentiality, Motivational Interviewing/Client-Centered Counseling, Family Planning (to maintain program integration), Rapid HIV testing, STD testing methods, Outbreak Response.	Ongoing through subaward	<ul style="list-style-type: none"> Report of the # of trainings conducted

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2.2 Support professional development, upskilling, and advancement of the DIS workforce.	2.2.1 Train on job-specific duties with lead staff through shadowing, lower-level case investigations, and provider communications, with build-up to independent investigations and provider communication and data entry as appropriate per staff duties.	Ongoing through subaward	<ul style="list-style-type: none"> Report of # of completed job competencies evaluated by peer or supervisor
	2.2.2 Assign DIS, DDCS to community providers to offer education on testing, treatment, diagnosis referrals, and additional services	Ongoing through subaward	<ul style="list-style-type: none"> Report of # of providers offered education, # of outreach materials provided

Goal 3: Build Organizational Capacity for Outbreak Response

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
3.1 Establish and update policies to support adaptable and agile response efforts	3.1.1 Review current Outbreak Response Plan (ORP)	10/31/22	<ul style="list-style-type: none"> Copy of Outbreak Response Plan
	3.1.2 Provide feedback on ORP through team meetings and individual follow up	Ongoing through subaward	<ul style="list-style-type: none"> Meeting Agendas Meeting Minutes
2.1 Support timely and effective outbreak response for COVID-19, STD, HIV, and other incident infections and outbreaks	3.2.1 Training on disease thresholds and role in ORP	10/31/22	<ul style="list-style-type: none"> Report of # of trainings completed
	3.2.2 Manage staff assignments during elevated ORP levels by lead and program management	Ongoing through subaward	<ul style="list-style-type: none"> Report of staffing and ability to maintain investigations

Goal 4: Evaluate and continuously improve workforce hiring, training, and outbreak response efforts

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
4.1 Systematically collect information about the activities, characteristics, and outcomes of program efforts to improve workforce hiring, training, and outbreak response efforts.	4.1.1 Collaborate as needed with DPBH, LHAs, and other national partners for individualized and tailored technical assistance to support the implementation of a training plan.	Ongoing through subaward	<ul style="list-style-type: none"> Meeting agendas Meeting minutes
	4.1.2 Consistent check-in with lead staff and supervisor to ensure staff needs are being met and staff is acquiring/demonstrating job skills on the path to skill mastery.	Quarterly	<ul style="list-style-type: none"> Report of # quarterly performance evaluations completed
	4.1.2 Conduct annual competency and evaluations.	Annually	<ul style="list-style-type: none"> Report of # annual evaluations
	4.1.2 Manage new staff case assignments to ensure skill building and development of mastery.	Ongoing through subaward	<ul style="list-style-type: none"> Staff assigned investigations
	4.1.5 Assessment of program competencies by peers and management staff.	Ongoing through subaward	<ul style="list-style-type: none"> Report of # completed competencies

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	4.1.6 Quality assurance checks of investigations before close out of investigations.	Ongoing through subaward	<ul style="list-style-type: none"> Report of # complete investigations closed
	4.1.7 Monitor errors and provide training on how to correct them.	Ongoing through subaward	<ul style="list-style-type: none"> Report of # of returned investigations decreases, # of errors per staff Meeting minutes
	4.1.8 Case reconciliation.	Ongoing through subaward	<ul style="list-style-type: none"> Report of # of completed monthly reconciliations per disease

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

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SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Department of Health and Human Services through Grant Number NH25PS0005179 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor the Centers for Disease Control and Prevention."

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number NH25PS0005179 from the Centers for Disease Control and Prevention.

Subrecipient agrees to adhere to the following budget:

Applicant Name: Carson City Health and Human Services

BUDGET NARRATIVE- STD Supplemental Subaward 3/1/22 - 12/31/22

Total Personnel Costs	including fringe	Total:	\$164,747
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	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>DIS Supervisor, TBD</u>	\$75,836.00	45.000%	80.000%	10	83.33%	\$73,308
DIS Supervisor: This position will review activities related to STD surveillance, reporting and identification of Chlamydia, Gonorrhea, Syphilis and Congenital Syphilis to include disease investigation, case management and partner services.						

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>DIS, TBD</u>	\$61,706.00	45.000%	30.000%	10	83.33%	\$22,368
DIIS Trainer (TBD): This position will assist with all training activities and core competencies for DIIS. This position will garner skills from CDC trainings courses and become the TOT for the state. This position will train DIIS on DIIS skills, maintain training logs, and make sure staff are updated when changes are made programmatically, at the state, and or at CDC related to investigations and DIIS work.						

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>DIS Nurse, TBD</u>	\$72,800.00	45.000%	60.000%	10	83.33%	\$52,780
Provide community based testing to cases, contacts, and cluster identified individuals to discover disease status and provide intervention. Provide community based treatment to confirmed cases and their contacts as a disease intervention activity.						

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>Office surveillance specialist, Hourly TBD</u>	\$37,960.00	3.000%	50.000%	10	83.33%	\$16,291
Office specialist will assist DIS's with data entry and report processing. Office specialist will assist with electronic surveillance record filling.						

Total Fringe Cost	\$46,547	Total Salary Cost:	\$118,201
Total Budgeted FTE	2.20000		

<u>Travel</u>	Total:	\$0
<u>Equipment</u>	Total:	\$0
		\$0.00

Justification:

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Operating	Total:	\$10,517
Rent: \$150/mo. x 10 months x 3 FTE	\$4,500.00	
Office Supplies: \$50/mo. x 10 months	\$500.00	
Printer: \$25/mo. x 10 months	\$250.00	
Cell Phone: \$80/mo. x 10 months x 3 FTE	\$2,400.00	
Software Costs (MS Office, Adobe): 2 programs x \$200/program x 3 FTE	\$1,200.00	
Outreach Materials	\$0.00	
Alzheimer access: \$55.55/mo. x 10 months x 3 FTE	\$1,667.00	
Justification: Are calculated based on an average of what has been spent in previous grant years and what is projected may be of need in the coming grant year. Supports the daily office needs for the FTEs funded in this award and supports Hepatitis program staff. Office supplies include pens, paper, tape, envelopes, paper, labels, binders. Supplies support all program objectives.		
Training	Total:	\$0
TOTAL DIRECT CHARGES		\$175,264
Indirect Charges	Indirect Rate:	10.000% \$17,076
Indirect Methodology: Federally approved indirect rate; Direct charges do not include Operating "Rent"		
TOTAL BUDGET	Total:	\$192,340

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Form 2

Applicant Name: Carson City Health and Human Services
PROPOSED BUDGET SUMMARY

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

FUNDING SOURCES	OPHIE	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED										
ENTER TOTAL REQUEST	\$192,340	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$192,340

EXPENSE CATEGORY

Personnel	\$164,747									\$164,747
Travel	\$0									\$0
Operating	\$10,517									\$10,517
Equipment	\$0									\$0
Contractual/Consultant	\$0									\$0
Training	\$0									\$0
Other Expenses	\$0									\$0
Indirect	\$17,076									\$17,076

TOTAL EXPENSE	\$192,340	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$192,340
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These boxes should equal 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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Total Indirect Cost	\$17,076
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Total Agency Budget	\$195,994
Percent of Subrecipient Budget	100%

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 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 \$192,340;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- This award is subject to the availability of appropriate funds. Based on the availability of funds awarded to the STD Program, subrecipient may be asked to restrict expenditures, until the total award is received for the Centers for Disease Control and Prevention.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Quarterly reports and other supporting documentation outlined within the scope of work are required to request reimbursement; 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:

- The STD Surveillance Program will provide or accomplish the following items to ensure the successful completing of this project, such as:
 - Provide reimbursement of activities related to this subaward, during the subaward period, given a receipt of appropriate documentation.
 - Providing technical assistance, upon request from the Subrecipient;
 - Providing prior approval of reports or documents to be developed; and
- 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 STD Surveillance Program reserves the right to conduct a site visit regarding this subaward and deliverables. If deliverables are not met for this subaward period, then the STD Prevention and Control Program is not obligated to issue continuation funding.
- 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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Agency Ref. #: **SG 25569**
Budget Account: **3219**
GL: **8501**
Draw #: _____

SECTION D

Request for Reimbursement

Program Name: STD Prevention and Control Program Nevada Division of Public and Behavioral Health Office of Public Health Informatics and Epidemiology	Subrecipient Name: Carson City Health and Human Services (CCHHS)
Address: 4150 Technology Way, Suite #300 Carson City, NV 89706-2009	Address: 900 East Long Street Carson City, NV 89706
Subaward Period: March 1, 2022, to December 31, 2022	Subrecipient's: EIN: 88-60000189 Vendor #: T80990941J

FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT

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

	Month(s)	Calendar year				
Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$164,747.00	\$0.00	\$0.00	\$0.00	\$164,747.00	0.0%
2. Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3. Operating	\$10,517.00	\$0.00	\$0.00	\$0.00	\$10,517.00	0.0%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
8. Indirect	\$17,076.00	\$0.00	\$0.00	\$0.00	\$17,076.00	0.0%
Total	\$192,340.00	\$0.00	\$0.00	\$0.00	\$192,340.00	0.0%

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 _____
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FOR Department USE ONLY

Is program contact required? ____ Yes ____ No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____

Scope of Work review/approval date: _____

Chief (as required): _____ Date _____

STATE OF NEVADA
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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? June 30th
4. What is the official name of your organization? Carson City, Nevada
5. How often is your organization audited? annually
6. When was your last audit performed? Sept. - Nov. 2021
7. What time-period did your last audit cover? July 1, 2020 - June 30, 2021
8. Which accounting firm conducted your last audit? Hinton Burdick, PLLC

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

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

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

SECTION G

Business Associate Addendum

BETWEEN

Nevada Department of Health and Human Services

Hereinafter referred to as the "Covered Entity"

and

Carson City Health and Human Services (CCHHS)

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 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.

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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, 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

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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 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.

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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.
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.