

Item #9

**City of Carson City
Agenda Report**

Date Submitted: 10/12/06

Agenda Date Requested: 10/19/06

Time Requested: Consent

To: Carson City Board of Supervisors

From: Health and Human Services Department

Subject Title: Action to approve a continuing grant award in the amount of \$309,683.00 from the Nevada Department of Human Resources, Health Division, for Public Health Preparedness and Terrorism Response activities.

Staff Summary: This grant will be used to continue the development of our public health infrastructure by developing a disease surveillance program and enhancing our local, statewide, and regional response to incidents of bioterrorism, catastrophic infectious disease and other public health threats and emergencies.

Type of Action Requested: (check one)
 Resolution Ordinance
 Formal Action/Motion Other (Specify)

Does This Action Require A Business Impact Statement: Yes No

Recommended Board Action: I move to approve a continuing grant award in the amount of \$309,683.00 from the Nevada Department of Human Resources, Health Division, for Public Health Preparedness and Terrorism Response activities.

Explanation for Recommended Board Action: Without the designation of a state recognized health authority, the renewal of this grant would not be possible. Since we are beginning to develop our infrastructure, the state understands the necessity of these funds to ensure our success regarding our future surveillance activities. Our particular grant encompasses two focus areas, which are: preparedness planning and readiness assessment; and surveillance and epidemiology capacity. These two focus areas will give us the ability to continue our disease surveillance activities and enhance our Department emergency response plans.

The subgrant period will be from August 31, 2006 through August 30, 2007.

Applicable Statue, Code, Policy, Rule or Regulation: N/A

Fiscal Impact: \$309,683.00, which will be reimbursed from the grant.

Explanation of Impact: Monies will be spent from the funding source prior to being reimbursed

Funding Source: State Grant (No match required)

Alternatives: Do Not Approve

Supporting Material: N/A

Prepared By: Daren Winkelman

Reviewed By: [Signature] Date: 10/10/06

(Department Head)
[Signature] Date: 10-10-06

(City Manager)
Michael T. Sugh Date: 10-10-06

(District Attorney)
[Signature] Date: 10-10-06

(Finance Director)

Board Action Taken:

Motion: _____ 1) _____ Aye/Nay
2) _____

(Vote Recorded By)

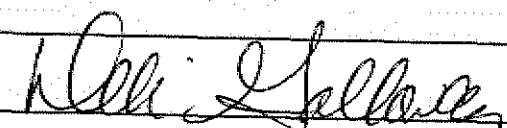

Nevada Department of Health and Human Services

HEALTH DIVISION

(hereinafter referred to as the DIVISION)

NOTICE OF SUBGRANT AWARD

Health Division #: 1403
 Program #: CDC06-06
 Budget Account #: 3218
 Category #: 22
 GL #: 8501

Program Name: Public Health Preparedness Nevada State Health Division		Subgrantee Name: Carson City Health and Human Services (CCHHS)	
Address: 505 E. King St., Room #204 Carson City, NV 89701		Address: 3303 Butti Way, Bldg. 1 Carson City, NV 89701	
Subgrant Period: August 31, 2006 through August 30, 2007		Subgrantee EIN#:	88-6000189
		Subgrantee Vendor#:	T81073584
Reason for Award: 2006 CDC Public Health Preparedness and Response for Bioterrorism			
County(ies) to be served: () Statewide (X) Specific county or counties: Carson City			
Approved Budget Categories:			
1. Personnel	\$	251,784	
2. Contractual/Consultant	\$	0	
3. Travel	\$	15,579	
4. Equipment	\$	8,000	
5. Supplies	\$	7,320	
6. Other	\$	27,000	
7. Indirect	\$	0	
Total Cost		\$	309,683
Disbursement of funds will be as follows: Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$309,683 during the subgrant period.			
Source of Funds:			
1. Centers for Disease Control and Prevention	% of Funds:	CFDA#:	Federal Grant #:
	100%	93-283	U90/CCU916964-07
Terms and Conditions In accepting these grant funds, it is understood that: 1. Expenditures must comply with appropriate state and/or federal regulations. 2. This award is subject to the availability of appropriate funds. 3. Recipient of these funds agrees to stipulations listed in Sections A, B, and C of this subgrant award.			
Authorized Sub-grantee Official Title	Signature		Date
Debi Galloway Management Analyst			9/14/06
Heidi Sakelarios, MBA Health Program Manager			9/26/06
Alex Haartz, MPH Administrator, Health Division	