

Item #9-3c

**City of Carson City  
Agenda Report**

**Date Submitted:** June 22, 2010

**Agenda Date Requested:** July 1, 2010  
**Time Requested:** Consent

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

**Subject Title:** Action to approve a sub-grant award in the amount of \$49,110 from the Nevada Department of Health and Human Services Bureau of Health Planning and Statistics, for supplemental funds to support necessary supplies for our mobile medical facility in Carson City and other emergency items in Carson City, Douglas, and Lyon Counties. (*Marena Works*)

**Staff Summary:** This grant is supplemental funding of \$49,110 to sub-grant award FY2009 ASPR HINI to be used for support supplies for the mobile medical facility and supplies related to emergency response and care of victims of Mass Casualty Incidents in Carson City, Douglas and Lyon County areas.

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

**Does This Action Require A Business Impact Statement:**  Yes  No

**Recommended Board Action:** I move to approve a sub-grant award in the amount of \$49,110 from the Nevada Department of Health and Human Services Bureau of Health Planning and Statistics, for supplemental funds to support necessary supplies for our mobile medical facility in Carson City and other emergency items in Carson City, Douglas, and Lyon Counties.

**Explanation for Recommended Board Action:** Carson City Health and Human Services (CCHHS) provides public health preparedness services to Carson City, Douglas and Lyon Counties. CCHHS, in collaboration with local emergency managers and hospitals purchase supplies in preparation for public health emergencies such as natural disasters, acts of terrorism or other event that surge our hospital capacity and/or cause mass casualties. These funds enable us to anticipate needs to be prepared for such an event.

**Fiscal Impact:** N/A

**Explanation of Impact:** N/A

**Funding Source:** State Grant (No match required)

**Supporting Material:** Notice of sub-grant award

Prepared By: Marena Works, Director

Reviewed By: Marena Works Date: 6/22/10  
(Health Department)  
[Signature] Date: 6/22/10  
(City Manager)  
Maren Scully Date: 6/22/10  
(District Attorney)  
Michelle Prohaska Date: 6/22/10  
(Finance Director)

**Board Action Taken:**

Motion: \_\_\_\_\_ 1) \_\_\_\_\_ Aye/Nay  
2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Vote Recorded By)

STATE OF NEVADA

**JIM GIBBONS**  
*Governor*

**MICHAEL J. WILLDEN**  
*Director*



**RICHARD WHITLEY, MS**  
*Administrator*

**TRACEY D. GREEN, MD**  
*State Health Officer*

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH DIVISION  
PUBLIC HEALTH PREPAREDNESS  
4150 Technology Way, Suite 200  
Carson City, NV 89706-2009  
Telephone: (775) 684-4013 • Fax: (775) 684-5951**

June 16, 2010

Ms. Angela Barosso  
PHP Program Manager  
900 East Long Street  
Carson City, Nevada 89706

Dear Angela:

Enclosed please find two (2) copies of Amendment #1 on Subgrant #H1N122-09 for Federal Grant #1U3REP090220-01-00 for \$49,110. The subgrant is for 2009 Office of the Assistant Secretary for Preparedness and Response – Pandemic Influenza Healthcare Preparedness Improvements for States (H1N1).

Please sign both copies of the amendment and return both originals to my attention at the address shown above. You will receive a fully-executed original for your files after final execution by the Administrator of the Health Division. Please feel free to contact me at (775) 684-5973, if you should have any questions or concerns.

Sincerely,

A handwritten signature in cursive script, appearing to read "Connie M. Warmath".

Connie M. Warmath  
Grants & Projects Analyst  
Public Health Preparedness

Enclosure

**Nevada Department of Health and Human Services**  
**HEALTH DIVISION**  
 (hereinafter referred to as the DIVISION)

HD Amendment #: 10084-2  
 HD Contract #: 10084-2  
 Program #: H1N122-09  
 Budget Account #: 3218  
 Category #: 46  
 GL #: 8501

**SUBGRANT AMENDMENT #1**

<b>Program Name:</b> Public Health Preparedness Bureau of Health Planning & Statistics Nevada State Health Division		<b>Subgrantee Name:</b> Carson City Health and Human Services (CCHHS)	
<b>Address:</b> 4150 Technology Way, Suite 200 Carson City, Nevada 89706-2009		<b>Address:</b> 900 East Long Street Carson City, NV 89706	
<b>Original Subgrant Period:</b> August 9, 2009 through June 30, 2010		<b>Subgrantee EIN #:</b> 88-6000189 <b>Subgrantee Vendor #:</b> T80990941J <b>Dun &amp; Bradstreet #:</b> 073787152	
<b>Source of Funds:</b> FY2009 ASPR Pandemic Influenza Healthcare Preparedness Improvements for States (H1N1)		<b>% of Funds:</b> 100%	<b>CFDA#:</b> 93.889 <b>Federal Grant #:</b> 1 U3REP090211-01-00

**Amendment #1:** Revise budget to reflect the category changes in ASPR H1N1, funds increased totaling (\$42,923) as agreed between Carson City Health & Human Services and NSHD in order to meet grant objectives and deliverables.

Current	Amount	Change	Revised	Amount
1 Personnel	\$ 0	0	1 Personnel	\$ 0
5 Contractual/Consultant	\$ 0	0	5 Contractual/Consultant	\$ 0
2 Travel	\$ 3,000	0	2 Travel	\$ 3,000
3 Supplies	\$ 0	+ 49,110	3 Supplies	\$ 49,110
4 Equipment	\$ 50,000	- 940	4 Equipment	\$ 49,060
6 Other	\$ 0	0	6 Other	\$ 0
7 Indirect	\$ 5,247	- 5,247	7 Indirect	\$ 0
<b>Total Cost</b>	<b>\$ 58,247</b>	<b>+ 42,923</b>	<b>Total Cost</b>	<b>\$ 101,170</b>

By signing this Amendment, the Authorized Subgrantee Official or their designee, Program Manager, Bureau Chief, and Health Division Administrator acknowledge the above as the new standard of practice for the above referenced Subgrant. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the Original Subgrant Award and all of its Attachments.

Authorized Sub-grantee Official Title	Signature	Date
Jennifer Dunaway Health Program Manager, PHP	<i>Jennifer Dunaway</i> HPMTI	4/7/2010
Kyle Devine, MSW Health Program Manager II, PHP	<i>Kyle Devine</i>	6/8/10
Richard Whitley, MS Administrator, Health Division	<i>Richard Whitley</i>	

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

**CDC H1N1 Focus Area 1 – revised budget detail and justification:**

1. Supplies	\$ 49,110	<p>Justification: Necessary supplies for Mobile Medical Facility</p> <p>Reason for redirect request: Increasing the funds in supplies to purchase necessary items for the Mobile Medical Facility. CCHHS will be providing emergency response to two additional counties and will need the additional supplies for treatment and care of victims of Mass Casualty Incidents.</p>
<b>Total</b>	<b>\$ 49,110</b>	

**Nevada Department of Health and Human Services**

Health Division # 10084-72  
 Bureau Program # H1N122-09  
 GL # 8501  
 Draw #: \_\_\_\_\_

**HEALTH DIVISION**

**REQUEST FOR REIMBURSEMENT**

<b>Program Name:</b> Public Health Preparedness Health Planning & Emergency Response	<b>Subgrantee Name:</b> Carson City Health and Human Services (CCHHS)
<b>Address:</b> 4150 Technology Way, Suite 200 Carson City, NV 89706	<b>Address:</b> 900 East Long Street Carson City, NV 89706
<b>Subgrant Period:</b> August 9, 2009 through August 8, 2010	<b>Subgrantee EIN #:</b> 88-6000189 <b>Subgrantee Vendor #:</b> T80990941AE <b>Dun &amp; Bradstreet #:</b> 073787152

**FINANCIAL REPORT AND REQUEST FOR FUNDS**

(report in dollars and cents; 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	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
5 Contract/Consultant	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
2 Travel	\$ 3,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 3,000.00	0%
3 Supplies	\$ 49,110.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 49,110.00	0%
4 Equipment	\$ 49,060.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 49,060.00	0%
6 Other	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
7 Indirect	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
8 <b>Total</b>	\$ 101,170.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 101,170.00	0%

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

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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

**FOR HEALTH DIVISION USE ONLY**

Program contact necessary?  Yes  No Contact Person: \_\_\_\_\_

Reason for contact: \_\_\_\_\_

Fiscal review/approval date: \_\_\_\_\_ Signed: \_\_\_\_\_

Scope of Work review/approval date: \_\_\_\_\_ Signed: \_\_\_\_\_

ASO or Bureau Chief (as required): \_\_\_\_\_ Date: \_\_\_\_\_

**Nevada Department of Health and Human Services**  
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**HEALTH DIVISION  
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<b>Total</b>	<b>\$</b>	<b>49,110</b>	



**Nevada Department of Health and Human Services**

Health Division # 10084-1  
 Bureau Program # H1N122-09  
 GL # 8501  
 Draw #: \_\_\_\_\_

**HEALTH DIVISION**

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 Fiscal review/approval date: \_\_\_\_\_ Signed: \_\_\_\_\_  
 Scope of Work review/approval date: \_\_\_\_\_ Signed: \_\_\_\_\_  
 ASO or Bureau Chief (as required): \_\_\_\_\_ Date: \_\_\_\_\_