

**WASHOE COUNTY
DISTRICT BOARD OF HEALTH**

Denis Humphreys, OD, Chairman
Matt Smith, Vice Chairman
George Furman, MD,
Councilman Dan Gustin
Commissioner Kitty Jung
Amy J Khan, MD, MPH
Councilwoman Julia Ratti

ANNOTATED AGENDA

Meeting of the
DISTRICT BOARD OF HEALTH
Health Department Building
South Auditorium
1001 East Ninth Street
Reno, Nevada

1001 E. 9th Street, Reno, Nevada
Reno, Nevada

November 19, 2009

1:00 PM

NOTICE

PURSUANT TO NRS 241.020, PLEASE BE ADVISED THAT THE AGENDA FOR THE DISTRICT BOARD OF HEALTH MEETING HAS BEEN POSTED AT THE FOLLOWING LOCATIONS: WASHOE COUNTY HEALTH DISTRICT (1001 E. 9TH ST), RENO CITY HALL (1 E. 1ST ST), SPARKS CITY HALL (431 PRATER WAY), WASHOE COUNTY ADMINISTRATION BUILDING (1001 E. 9TH ST), AND ON THE WASHOE COUNTY HEALTH DISTRICT WEBSITE @ WWW.WASHOECOUNTY.US/HEALTH. PUBLIC COMMENT IS LIMITED TO THREE (3) MINUTES PER PERSON.

The Board of Health may take action on the items denoted as “(action)”.

Business Impact Statement – A Business Impact Statement is available at the District Health Department for those items denoted with a \$

1. Call to Order, Pledge of Allegiance Led by Invitation	HELD
2. Roll Call	HELD
3. Public Comment (3 minute time limit per person)	NO COMMENTS PRESENTED
4. Approval/Deletions to the Agenda for the November 19, 2009 (action)	APPROVED
5. Approval/Additions/Deletions to the Minutes of the Meeting of October 22, 2009 (action)	APPROVED

6. Recognitions

RECOGNITIONS
INTRODUCTION OF NEW EMPLOYEE
CURTIS SPLAN – AHS

YEARS-OF-SERVICE
GEROLD DERMID – 5 YEARS
JOSEFINA “JOSIE” RIVER – 10 YEARS
ANA GONZALES – 10 YEARS
SALLY FRY-WOYCIEHOWSKY – 20 YEARS
JEANNE RUCKER – 30 YEARS

CHILDE ABUSE NEGLECT TASK FORCE
(CAN PRESENT) RECOGNITION –
DONNA LEGG AWARD
JULIE POMI

7. Consent Agenda

Matters, which the District Board of Health may consider in one motion. Any item, however, may be discussed separately by Board member request. Any exceptions to the consent agenda must be stated prior to approval.

A. Air Quality Management Cases

1. Recommendation to Uphold Citations Unappealed to the Air Pollution Control Hearing Board
 - a. Monterey Development Group – Case No. 1045, NOV No. 4953 (action)

UPHELD, \$100 FINE LEVIED

2. Recommendations of Cases Appealed to the Air Pollution Control Hearing Board
 - a. No Cases This Month

B. Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater & Sanitation Hearing Board

1. No Cases This Month

C. Budget Amendments / Interlocal Agreements / Authorized Position Control Numbers

1. Approval of Notice of Subgrant Award from the Nevada State Health Division, Bureau of Health Planning & Emergency Response in the Total Amount of \$790,401 (with \$25,604 Health District Match) in Support of the Public Health Preparedness (PHP) Program for the Period of August 10, 2009 through August 9, 2010; and Approval of Amendments Totaling an Increase of \$67,135.90 in Both Revenue and Expense to the Adopted FY 10 PHP Base Grant Program , IO 10713, to Bring the FY 10 Adopted Budget Into Alignment with the Grant (action)
2. Approval of Notice of Subgrant Award from the Nevada State Health Division, Bureau of Health Planning & Emergency Response in the Total Amount of \$409,525 in Support of the Public Health Preparedness – Assistant Secretary for Preparedness & Response (ASPR) Grant Program for the Period of August 9, 2009 through June 30, 2010; and Approval of Amendments Totaling an Increase of \$7,270.69 in Both Revenue and Expense to the Adopted FY 10 PHP ASPR Grant Program, IO 10708, to Bring the FY 10 Adopted Budget Into Alignment with the Grant (action)
3. Ratification of Notice of Subgrant Award Issued to Planned Parenthood Mar Monte Pertaining to the *Street Smart Program* in the Total Amount of \$190,000, or \$95,000 Per Calendar Year for the Period of January 1, 2010 through December 31, 2011 (action)
4. Ratification of Notice of Subgrant Award Issued to Nevada Hispanic Services, Inc. for the Period of January 1, 2010 through December 31, 2011, Pertaining to the Video Opportunities for Innovative Condom Education and Safer Sex (VOCES/VOICES-in English) Program in the Total Amount of \$181,665, or \$91,242 for Calendar Year 2010 and \$90,423 for Calendar Year 2011 (action)

APPROVED

APPROVED

APPROVED

APPROVED

D. Donation 1. Approval of Donation of Equipment Purchased with Grant Funds (IO 10039) to Truckee Meadows Community College to Satisfy Grant Required Diesel Emissions Reduction Activities in the Amount Not to Exceed \$30,000 (action)	ACCEPTED
8. Air Pollution Control Hearing Board Cases – Appealed to the District Board of Health A. No Cases This Month	
9. Regional Emergency Medical Services Authority A. Review and Acceptance of the Operations and Financial Report for September 2009 (action)	ACCEPTED
B. Update of REMSA's Community Activities Since September 2009	PRESENTED
10. Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure for October 2009 (action)	ACCEPTED
11. Obesity Prevention Funding Opportunities with Possible Direction to Staff	PRESENTED
A. Update on <i>Communities Putting Prevention to Work</i>	APPROVED WITH DIRECTION'
B. Request for Board Approval to Respond to the NACCHO ACHIEVE Request for Applications (RFA) (action)	TO STAFF
12. Strategic Planning Updates with Possible Direction to the Board	ACCEPTED WITH DIRECTION TO STAFF
A. Regulatory Revisions for Recycling Efforts and MRF (Materials Recycling Facility) (action)	
13. Staff Reports and Program Updates	PRESENTED
A. Director, Epidemiology and Public Health Preparedness – Communicable Disease; Public Health Preparedness (PHP) Activities	
B. Director, Community and Clinical Health Services – No Report This Month	
C. Director, Environmental Health Services – No Report This Month	
D. Director, Air Quality Management - Monthly Report of Air Quality: Everything Green, Monitoring/Planning Activities, Permitting Activities, Compliance/Inspection Activity, and Enforcement Activity	
E. Administrative Health Services Officer – No Report This Month	
F. District Health Officer – State and Local Health Officers Meeting; Legislative Committee on Health Care Meeting; H1N1 Presentation at Renown	
14. Board Comment – Limited to Announcements or Issues for Future Agendas	COMMENTS PRESENTED
15. Adjournment (action)	ADJOURNED

NOTE: Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County District Health Department, 1001 East Ninth Street, Building "B", Reno, NV 89512 or by calling 328-2416.

**WASHOE COUNTY
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AGENDA

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- | | | | |
|---------|----|---|---------------|
| 1:00 PM | 1. | Call to Order, Pledge of Allegiance Led by Invitation | Dr. Humphreys |
| | 2. | Roll Call | Ms. Smith |
| | 3. | Public Comment (3 minute time limit per person) | Dr. Humphreys |
| | 4. | Approval/Deletions to the Agenda for the November 19, 2009 (action) | Dr. Humphreys |
| | 5. | Approval/Additions/Deletions to the Minutes of the Meeting of October 22, 2009 (action) | Dr. Humphreys |

6. Recognitions Dr. Humphreys
- A. Introduction of New Employees
 - 1. Curtis Span
 - B. Years-of-Service
 - 1. Gerold Dermid - CCHS – 5 Years
 - 2. Michelle Washington – CCHS – 5 Years
 - 3. Josefina “Josie” Rivera – CCHS – 10 Years
 - 4. Ana Gonzales – CCHS – 10 Years
 - 5. Sally Fry-Woyciehowsky – CCHS – 20 Years
 - 6. Jeanne Rucker – EHS – 30 Years
 - C. Child Abuse and Neglect Task Force (CAN Prevent) Recognition – Donna Legg Award
 - 1. Julie Pomi
7. Consent Agenda Dr. Humphreys
- Matters, which the District Board of Health may consider in one motion. Any item, however, may be discussed separately by Board member request. Any exceptions to the consent agenda must be stated prior to approval.
- A. Air Quality Management Cases
 - 1. Recommendation to Uphold Citations Unappealed to the Air Pollution Control Hearing Board Mr. Bonderson
 - a. Monterey Development Group – Case No. 1045, NOV No. 4953 **(action)**
 - 2. Recommendations of Cases Appealed to the Air Pollution Control Hearing Board Mr. Bonderson
 - a. No Cases This Month
 - B. Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater & Sanitation Hearing Board Mr. Coulter
 - 1. No Cases This Month
 - C. Budget Amendments / Interlocal Agreements / Authorized Position Control Numbers
 - 1. Approval of Notice of Subgrant Award from the Nevada State Health Division, Bureau of Health Planning & Emergency Response in the Total Amount of \$790,401 (with \$25,604 Health District Match) in Support of the Public Health Preparedness (PHP) Program for the Period of August 10, 2009 through August 9, 2010; and Approval of Amendments Totaling an Increase of \$67,135.90 in Both Revenue and Expense to the Adopted FY 10 PHP Base Grant Program , IO 10713, to Bring the FY 10 Adopted Budget Into Alignment with the Grant **(action)**
 - 2. Approval of Notice of Subgrant Award from the Nevada State Health Division, Bureau of Health Planning & Emergency Response in the Total Amount of \$409,525 in Support of the Public Health Preparedness – Assistant Secretary for Preparedness & Response (ASPR) Grant Program for the Period of August 9, 2009 through June 30, 2010; and Approval of Amendments Totaling an Increase of \$7,270.69 in Both Revenue and Expense to the Adopted FY 10 PHP ASPR Grant Program, IO 10708, to Bring the FY 10 Adopted Budget Into Alignment with the Grant **(action)**
 - 3. Ratification of Notice of Subgrant Award Issued to Planned Parenthood Mar Monte Pertaining to the *Street Smart Program* in the Total Amount of \$190,000, or \$95,000 Per Calendar Year for the Period of January 1, 2010 through December 31, 2011 **(action)**
 - 4. Ratification of Notice of Subgrant Award Issued to Nevada Hispanic Services, Inc. for the Period of January 1, 2010 through December 31, 2011, Pertaining to the Video Opportunities for Innovative Condom Education and Safer Sex (VOCES/VOICES-in English) Program in the Total Amount of \$181,665, or \$91,242 for Calendar Year 2010 and \$90,423 for Calendar Year 2011 **(action)**

- D. Donation
1. Approval of Donation of Equipment Purchased with Grant Funds (IO 10039) to Truckee Meadows Community College to Satisfy Grant Required Diesel Emissions Reduction Activities in the Amount Not to Exceed \$30,000 **(action)**
8. Air Pollution Control Hearing Board Cases – Appealed to the District Board of Health Mr. Bonderson
 - A. No Cases This Month
 9. Regional Emergency Medical Services Authority Mr. Smith
 - A. Review and Acceptance of the Operations and Financial Report for September 2009 **(action)**
 - B. Update of REMSA's Community Activities Since September 2009
 10. Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure for October 2009 **(action)** Ms. Coulombe
 11. Obesity Prevention Funding Opportunities with Possible Direction to Staff Ms. Hadayia
 - A. Update on *Communities Putting Prevention to Work*
 - B. Request for Board Approval to Respond to the NACCHO ACHIEVE Request for Applications (RFA) **(action)**
 12. Strategic Planning Updates with Possible Direction to the Board Ms. Rucker
 - A. Regulatory Revisions for Recycling Efforts and MRF (Materials Recycling Facility) **(action)**
 13. Staff Reports and Program Updates
 - A. **Director, Epidemiology and Public Health Preparedness** – Communicable Disease; Public Health Preparedness (PHP) Activities Dr. Todd
 - B. **Director, Community and Clinical Health Services** – No Report This Month Ms. Brown
 - C. **Director, Environmental Health Services** – No Report This Month Mr. Sack
 - D. **Director, Air Quality Management** - Monthly Report of Air Quality: Everything Green, Monitoring/Planning Activities, Permitting Activities, Compliance/Inspection Activity, and Enforcement Activity Mr. Goodrich
 - E. **Administrative Health Services Officer** – No Report This Month Ms. Coulombe
 - F. **District Health Officer** – State and Local Health Officers Meeting; Legislative Committee on Health Care Meeting; H1N1 Presentation at Renown Dr. Anderson
 14. Board Comment – Limited to Announcements or Issues for Future Agendas Dr. Humphreys
 15. Adjournment **(action)** Dr. Humphreys

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WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING
Board Room - Health Department Building
Wells Avenue at Ninth Street

November 19, 2009

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WASHOE COUNTY DISTRICTBOARD OF HEALTH MEETING

November 19, 2009

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WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING
November 19, 2009

PRESENT: Denis Humphreys, OD, Chairman; Mr. Matt Smith, Vice Chairman; George Furman, MD (arrived at 1:08 pm); Councilman Dan Gustin; Commissioner Kitty Jung; Amy Khan, MD; and Councilwoman Julia Ratti (arrived at 1:05 pm)

ABSENT: None

STAFF: Dr. Mary Anderson, MD; Eileen Coulombe, Administrative Health Services Officer; Andrew Goodrich, Director, Air Quality Management; Mary-Ann Brown, Director, Community and Clinical Health Services; Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness; Jeanne Rucker, Acting Director, Environmental Health Services; Lori Cooke, Fiscal Compliance Officer; Stacey Akurosawa, Administrative Assistant; Noel Bonderson, Air Quality Specialist; Steve Fisher, Department Computer Application Specialist; Curtis Splan, Department Computer Application Specialist; Josie Rivera, Office Assistant II; Ana Gonzales, Office Assistant II; Jim English, Environmental Health Specialist; Jennifer Hadayia, Public Health Program Coordinator; Jennifer Howell, Sexual Health Program Coordinator; Gerold Dermid, Health Educator; Sally Fry-Woyciehowsky, Public Health Nurse II; Julie Pomi, Public Health Nurse II; Bev Bayan, WIC Program Manager; Janet Smith, Recording Secretary and Leslie Admirand, Deputy District Attorney

At 1:03 pm, Chairman Humphreys called the Washoe County District Board of Health meeting to order, followed by the Pledge of Allegiance led by Dr. Amy Khan, District Board of Health member.

ROLL CALL

Roll call was taken and a full membership of the Board noted.

PUBLIC COMMENT

No public comment was presented.

APPROVAL/ADDITIONS – AGENDA – NOVEMBER 19, 2009

Chairman Humphreys called for approval of the agenda of the Washoe County District Board of Health meeting of November 19, 2009.

MOTION: Dr. Khan moved, seconded by Mr. Smith, that the agenda for the District Board of Health November 22, 2009 meeting be approved as presented. Motion carried unanimously.

APPROVAL/ADDITIONS/CORRECTIONS – MINUTES –OCTOBER 22, 2009

Chairman Humphreys called for any additions, deletions or corrections to the minutes of the District Board of Health meeting of October 22, 2009.

MOTION: Mr. Gustin moved, seconded by Ms. Jung, that the minutes of the October 22, 2009 District Board of Health meeting be approved as received. Motion carried unanimously.

RECOGNITIONS

Ms. Eileen Coulombe, Administrative Health Services Officer, introduced Mr. Curtis Splan, advising that Mr. Splan is the new Department Computer Application Specialist in the Administration Division; that Mr. Splan will provide assistance in the implementation of the Insight Program for the Department,

Chairman Humphreys and Dr. Mary Anderson, District Health Officer, presented Certificates of Recognition to the following: Mr. Gerold Dermid for **5 Years-of-Service**; Ms. Josefina "Josie" Rivera for **10 Years-of-Service**; Ms. Ana Gonzales for **10 Years-of-Service**; Ms. Sally Fry-Woyciehowsky for **20 Years-of-Service**; and Ms. Jeanne Rucker for **30 Years-of-Service**.

Chairman Humphreys and Dr. Anderson presented Ms. Julie Pomi the Donna Legg Award from the Child Abuse and Neglect Task Force (CAN Prevent), in recognition of her long-time efforts as a children's advocate and leader in the prevention of child abuse and neglect in Nevada.

Chairman Humphreys introduced Ms. Pat Elzy, Director of Public Affairs, Planned Parenthood Mar Monte; and Ms. Laura Tellez of the Nevada Hispanic Services.

CONSENT AGENDA – UNAPPEALED NOTICE OF VIOLATION

Staff advised that **Citation No. 4953, Case No. 1045** was issued to **MONTEREY DEVELOPMENT GROUP** on September 2, 2009, for failure to have the required Dust Control Plan for property located on Stone Valley Drive, in violation of Section 040.030 (Dust Control), Subsection C. 3. of the Washoe County District Board of Health Regulations Governing Air Quality Management. Staff advised that Monterey Development Group was advised of the right to appeal; however, no appeal was filed; that Staff recommends Citation No. 4953, Case No. 1045 be **upheld** and a fine in the amount of **\$100** be levied as a **negotiated settlement**.

**MOTION: Mr. Gustin moved, seconded by Mr. Smith, that Citation No. 4953, Case No. 1045 (Monterey Development Group), be upheld and a fine in the amount of \$100 be levied as a negotiated settlement.
Motion carried unanimously.**

CONSENT AGENDA – BUDGET AMENDMENT/INTERLOCAL AGREEMENTS

In response to Ms. Jung regarding whether any of the budget amendments include (new) positions, Ms. Coulombe advised that none of the budget amendments presented today include any positions. Ms. Coulombe stated that any positions associated with budget amendments and/or grants will be presented to the Board separately to allow for deliberation.

The Board was advised that Staff recommends **approval** of the **Notice of Subgrant Award** from the **Nevada State Health Division, Bureau of Health Planning & Emergency Response** in the **total** amount of **\$790,401 (with \$25,604 Health District match)** in support of the **Public Health Preparedness (PHP) Program** for the period of August 10 2009 through August 9, 2010; and **approval of amendments totaling an increase of \$67,135.90** in both revenue and expense to the adopted FY 10 PHP Base Grant Program, IO 10713, to bring the FY 10 adopted budget into alignment with the grant.

The Board was advised that Staff recommends **approval** of the **Notice of Subgrant Award** from the **Nevada State Health Division, Bureau of Health Planning & Emergency Response** in the **total** amount of **\$409,525** in support of **Public Health Preparedness – Assistant Secretary for Preparedness & Response (ASPR) Grant Program** for the period of August 9, 2009 through June 30, 2010; and **approval of amendments totaling a decrease of \$7,270.69** in both revenue and expense to the adopted FY 10 PHP ASPR Grant Program, IO 10708, to bring the FY 10 adopted budget into alignment with the grant.

The Board was advised Staff recommends **ratification** of the **Notice of Subgrant Award** issued to **Planned Parenthood Mar Monte** pertaining to the **Street Smart Program** in the **total** amount of **\$190,000**, or **\$95,000 per calendar year** for the period of January 1, 2010 through December 31, 2011.

The Board was advised Staff recommends **ratification** of **Notice of Subgrant Award** issued to **Nevada Hispanic Services, Inc.**, pertaining to the **Video Opportunities for Innovative Condom Education and Safer Sex (VOCES/VOICES-in English) Program** for the period of January 1, 2010 through December 31, 2011, in the **total** amount of **\$181,665**, or **\$91,242** for calendar year 2010 and **\$90,423** for calendar year 2011

MOTION: **Mr. Gustin moved, seconded by Mr. Smith, that the Notices of Subgrant Award, with corresponding budget amendments be approved as outlined and the Chairman authorized to execute on behalf of the Board where applicable.**

Motion carried unanimously.

CONSENT AGENDA – DONATION

The Board was advised that Staff recommends approval of the donation of equipment purchased with grant funds (IO 10039) to the Truckee Meadows Community College to satisfy grant required diesel emissions reduction activities, in the amount not to exceed \$30,000.

MOTION: **Mr. Gustin moved, seconded by Mr. Smith, that the donation of equipment, purchased with grant funds (IO 10039), to Truckee Meadows Community College to satisfy grant required diesel emissions reduction activities, be approved as outlined.**

Motion carried unanimously.

REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY

A. Review and Acceptance of the Operational and Financial Report – September 2009

Mr. Patrick Smith, President, REMSA, advised that the Board members have been provided with a copy of the September 2009 Operations and Financial Report; that the emergency response time for life-threatening calls in September was 97% and 92% for non-life threatening calls, with an overall average response time of six minutes and seventeen seconds (6:17); and an overall average travel time of five minutes and eight seconds (5:08). Mr. Smith advised that the monthly average bill for air ambulance service for September 2009 was \$6,920, with a year-to-date average

of \$7,214. Mr. Smith advised that the monthly average bill for ground ambulance service for September 2009 was \$944, with a year-to-date average of \$944.

MOTION: Dr. Khan moved, seconded by Mr. Smith, that the REMSA Operations and Financial Report for September 2009 be accepted as presented. Motion carried unanimously.

B. Update of REMSA's Community Activities Since September 2009

Mr. Smith advised that the five (5) REMSA Paramedics, who serve in the National Air Guard have all returned safely to Reno/Sparks from Afghanistan. Mr. Smith advised that in utilizing REMSA's protocols "and their civilian training" this unit had the "highest save rate of all the Air Guard" units stationed in Afghanistan. Mr. Smith advised that REMSA has since been contacted by the Department of Defense (DOD) and the Pentagon regarding this; that there is discussion of developing a project in which all the Air Guard units (approximately 1,000 Guard members) will be trained by REMSA. Mr. Smith stated that this is a "huge testament to the REMSA system and its personnel training"; that REMSA has forwarded training materials to the DOD and has agreed to assist in any way possible.

Mr. Smith stated that last week Senator Reid's top advisor for appropriations from Washington, DC contacted REMSA for a site visit of the operations; that Senator Reid's office indicated the possibility of funding for REMSA regarding helicopter safety and training equipment that would be available for use throughout the region. Mr. Smith advised that REMSA is in the process of compiling information which will be forwarded to Senator Reid's office.

Mr. Smith advised that since the Mountain Life Flight helicopter crash last week, Care Flight has been assisting the City of Susanville in providing services and "critical incident stress"; that representatives of REMSA and Care Flight will be attending the memorial services for those lost in the crash.

In response to Dr. Khan regarding "the overall trend in air medical transports", Mr. Smith advised that "nationally the amount of air medical transports is decreasing"; that there is a pending legislation before Congress regarding "avoidance training – similar to what is required for commercial aircraft, and requiring the installation of specialized radar equipment." Mr. Smith advised that approximately a year ago Care Flight began retrofitting its four (4) helicopters with the specialized radar systems; that the last installation will be completed in February 2010. Mr. Smith stated that, although the number of air medical transports has decreased nationally, the number of air medical services has increased. Mr. Smith stated that in Nevada State Law requires any application for an air medical transport "to obtain a Certificate of Need"; however, in California and

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING

November 19, 2009

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other areas "anyone can apply for a license for an air medical transport business." Mr. Smith stated that he has conferred with Senator Reid's office regarding legislation which would require "A Certificate of Need" to provide "a checks and balance" to ensure the necessity for an air ambulance system is justified.

Chairman Humphreys stated that, on behalf of the Board, he would request that Mr. Smith "welcome the five (5) Paramedics back home and thank them for a job well done"; that further, Mr. Smith extend the condolences of the Board to the families of the crew of the Mountain Life Flight helicopter.

REVIEW – ACCEPTANCE – MONTHLY PUBLIC HEALTH FUND REVENUE & EXPENDITURE – OCTOBER 2009

Ms. Coulombe advised that the Board members have been provided with a copy of the Health Fund Revenue and Expenditure Report for the month of October 2009. Ms. Coulombe reviewed the Report in detail and advised that Staff recommends the Board accept the Report as presented.

In response to Mr. Gustin regarding uncollectable bad debts for Vital Statistics, Ms. Coulombe advised that these are for the issuance of Birth or Death Certificates; that Staff does attempt to collect on these; however, "the service has been provided." Ms. Coulombe advised that "at some point the bad debt are determined to be uncollectible and are written off through the Board of County Commissioners' process"; that of the 87 bad checks written, 35 were received at the Health District. Ms. Coulombe advised that when a bad check is issued within the Environmental Division a Permit to Operate can be revoked until such time as payment is reimbursed; however, bad debts for immunizations or the issuance of Birth or Death Certificates are more difficult as the service has been provided. Ms. Coulombe advised that Staff does maintain a record of the names of individuals who have written bad checks, which were uncollectible; that should this individual request future services Staff would attempt to collect that debt.

In response to Mr. Gustin regarding "not providing the Birth or Death Certificate until such time as the check has cleared, Ms. Coulombe advised that this wouldn't be possible as the Internal Controls Manual requires all checks to be deposited daily.

In response to Mr. Gustin regarding the percentage of pay on credit or debit card transactions, Ms. Lori Cooke, Fiscal Compliance Officer, advised that the District pays a .67% discount rate for debit cards; that a credit card is at 2%. Ms. Cooke advised that the County Comptroller's Office has "a

negotiated County rate"; that she has been advised the Comptroller will attempt to have the Health District's fee reduced due to the volume of the Health District's credit card business. Ms. Cooke advised that Vital Statistics has just begun utilizing the credit card and debit machine this last week.

Mr. Gustin stated that his concern is the time and effort of Staff necessary to try to collect these bad debts.

In response to Mr. Gustin, Ms. Cooke advised that Staff does attempt to "flag those accounts"; that Staff can review the amount of revenue and determine the percentage of the amount of bad debt.

Mr. Gustin stated he would request a review of bad debt collections to determine if it is remaining "flat, decreasing or increasing."

In response to Chairman Humphreys regarding "all payments being made at the time of service", Ms. Coulombe advised that within the Environmental and Air Quality Management Division the fees are payment for services provided. Ms. Coulombe stated that with the implementation of Insight, Staff will be reviewing the possibilities of having "receivables" capabilities.

MOTION: Mr. Gustin moved, seconded by Ms. Jung, that the District Health Department's Revenue and Expenditure Report for October 2009 be accepted as presented.
Motion carried unanimously/

OBESITY PREVENTION FUNDING OPPORTUNITIES – DIRECTION TO STAFF

A. Update on Communities Putting Prevention to Work

Ms. Jennifer Hadayia, Public Health Program Manager, advised that the Washoe County Health District is participating in the State coordinated application for *Communities Putting Prevention to Work* (CPPW) grant funding through the American Recovery and Reinvestment Act (ARRA), for obesity prevention. Ms. Hadayia advised that the Health District's component (CPPW) of the application for obesity prevention has been completed and submitted to the State. Ms. Hadayia stated that a letter of support from the District Board of Health was provided by Chairman Humphreys; that letters of support were also received from the County Manager; the Mayors of Reno and Sparks; the Superintendent of the Washoe County School District; local Assemblywoman Debbie Smith; the Reno-Sparks Chamber of Commerce; Human Services

Network through the assistance of Councilwoman Ratti; Regional Parks and Open Space; Community Development and Public Works and other community agencies. Ms. Hadayia advised that the application includes a two (2) year community action plan to address obesity in Washoe County. Ms. Hadayia advised that the State has recently included Lyon County and will be submitting the coordinated application no later than December 1, 2009.

Ms. Hadayia advised that the notification deadline for the Funding Opportunity Announcement (FOA) is non-specific; therefore, it is unknown when the State and the Health District would be notified if the application was chosen for funding. Ms. Hadayia advised that the grant period begins February 2010 and is for a two (2) year period.

B. Request for Board Approval to Respond to the NACCHO ACHIEVE Request for Applications (RFA)

Ms. Hadayia stated that Staff has been advised by the National Association of County and City Health Officials (NACCHO) of "an additional chronic disease prevention funding opportunity for the ACHIEVE (Action Communities for Health, Innovation, and EnVironmental ChangE) initiative."

In response to Mr. Smith regarding the two (2) year funding and the funding for the third year, Ms. Hadayia stated there is one time funding for two (2) years, with the expectation those activities would continue into the third year. Ms. Hadayia advised that the activities/expectations of this Request for Applications (RFA) are those which Staff are currently providing; therefore, it is the consensus of Staff the District would continue to provide these services "with or without the funding." Ms. Hadayia advised that any funding received would enhance what Staff is already providing.

Ms. Hadayia advised that preparing the application for the *Communities Putting Prevention to Work* assisted Staff in the preparation of the application for the ACHIEVE grant funding, as a "number of the activities are comparable and very similar to the other funding opportunities such as the stimulus application and the Robert Wood Johnson Foundation" grant submitted earlier this year.

Ms. Hadayia advised that the ACHIEVE (Action Communities for Health, Innovation, and EnVironmental ChangE) initiative; that the emphasis is on policy systems, organizational and environmental changes in the community which "will create the opportunity for people to make healthy choices; creating the opportunity for people to eat healthier, exercise more and maintain a health weight ~ making those long term policy changes." Ms. Hadayia advised that this "is a consistent theme in the funding opportunities and the national recommendations which have been

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recently issued." Ms. Hadayia advised that "the activities of the RFA and the partners with whom the Health District would collaborate are identical to those of the request for stimulus funding."

Ms. Hadayia advised that the expectations of the NACCHO grant are: 1) to strengthen the existing Chronic Disease Coalition; 2) to develop a community action plan for chronic disease prevention; and 3) utilize an established evaluation tool to measure community readiness. Ms. Hadayia advised that the community action plan "has already been started" through the stimulus application and the evaluation tool is one that will be required by the stimulus application also. Ms. Hadayia advised that the NACCHO RFA will require Staff to identify and facilitate voluntary policy and environmental changes which will decrease the risk factors for chronic disease; that again, these are similar to the requirements of the request for stimulus funding. Ms. Hadayia stated that these concepts are all similar to the goals of the District's Chronic Disease Program.

Ms. Hadayia advised that the information provided to the Board adheres to the Operational Objectives, which were established by the Board for all new programs and initiatives. Ms. Hadayia reviewed in detail the "checklist adopted by the Board for this process" (a copy of which is attached to the minutes), as to: "Do We Need This ~ identifying the statute or regulations which mandates the program; identifying which of the 'Ten Essential Services' is addressed; listing of the Board's priorities; describe a verifiable health need; describe the impact if the program is not implemented". Ms. Hadayia reviewed in detail the checklist for "Can We Do This – identifying the assets to accomplish the program requirements; could other community partners provide the service; would other community partners assist"; and "How Much it Will Cost – providing a detailed budget; and listing any associated subcontracts."

Dr. Anderson stated that this is only the second time Staff has utilized the "checklist"; therefore, she would question if the Board members have comments or suggestions regarding the "checklist or the use of the checklist." Dr. Anderson stated that Ms. Hadayia "did an excellent and concise presentation" utilizing the checklist.

Ms. Ratti stated that she concurs Ms. Hadayia "did an excellent job on presenting the checklist and provides the Board with a very good frame work for decisions making"; however, she would the Staff time necessary to produce the checklist power point presentation in "respect to the \$40,000 grant funding." Ms. Ratti questioned if the Board should establish a "minimum dollar amount of a grant application" for requiring the checklist power point presentation.

In response to Mr. Ratti, Ms. Hadayia that "after preparing the written Staff report the power point presentation of the checklist required very minimal effort."

Ms. Jung stated that, while she concurs with Ms. Ratti's comments regarding "Staff time required" for a minimal grant amount, the more information she has for any issue that will be presented to the Board of County Commissioners "the better."

Ms. Coulombe advised that "there is a certain amount of work in preparing a grant application, regardless of the level of grant funding, as there is a process with the Board of County Commissioners. Ms. Coulombe advised the "checklist provides an orderly presentation" of information ensuring Administrative Health Services Staff can properly review the application and prepare the agenda item. Ms. Coulombe stated that administratively the checklist provides the opportunity for Staff to "present a well thought out" method for presenting all the necessary information for new programs and initiatives. Ms. Coulombe stated that, she would concur with Dr. Anderson that Ms. Hadayia did an excellent job in presenting the information. Ms. Coulombe stated that, with her experience in preparing grants, the checklist "is a very useful tool."

In response to Chairman Humphreys regarding the preparation of the power point, Ms. Hadayia stated that she "did not find the process time intensive." Ms. Hadayia stated that, as Ms. Coulombe indicated, answering the questions of the checklist process allows Staff the opportunity to "better articulate why the District should pursue these funding opportunities." Ms. Hadayia advised that the checklist is a programmatic benefit and was not burdensome.

Chairman Humphreys stated that, in acknowledging Ms. Ratti's comments that it is necessary to be cognizant of Staff's time and Ms. Jung's comments "as to having sufficient information for presentation to the Board of County Commissioners", he would concur the "checklist" is a vital component of the presentation.

Dr. Anderson stated that the "checklist" should be the "starting point" of the process in determining the justification of applying for a grant opportunity."

In response to Mr. Gustin regarding the commitment of Staff for the \$40,000 in grant funding, Ms. Hadayia advised that "there are some additional expectations of the grant, including Staff travel for trainings necessary to accomplish the goals of the grant." Ms. Hadayia reiterated that the goals are "in line with the District's strategic approach"; that this provides her Staff with the opportunity "to gain additional knowledge skills and abilities" to achieve what the existing program has already decided to accomplish. Ms. Hadayia stated that the completion of the "community action plan" is an expectation of the CPPW grant application; therefore, Staff has already begun preparing this draft; that Staff attempts to "do this in the Program every two (2) years in terms of Strategic Planning." Ms. Hadayia stated that Staff has begun the 2010 draft of the strategic plan for the

Chronic Disease Prevention Program; that Staff has utilized a new format for this process; that success in the grant application will provide Staff "some technical assistance and training as to how to further refine and implement the community action plan." Ms. Hadayia stated that, "as a Program Supervisor, this is an added benefit to the existing Program as Staff will be more effective and better able to accomplish what has existed in the Program's strategic plan for the past several years." Ms. Hadayia stated that the third expectation will be the "use of the evaluation tool"; that while Staff utilizes evaluation measures this evaluation tool "may have the capabilities of enhancing and improving upon" those existing evaluation measures. Ms. Hadayia advised that the \$40,000 "approximately doubles the Programs existing budget for services and supplies"; therefore, Staff will be able to accomplish more than what is currently being achieved; that "these efforts will expand the outreach rather than adding new activities."

Ms. Coulombe advised that each grant requires an internal order; that with NACCHO funding payments are "usually received" as an advance and not a reimbursement; therefore, it is less burdensome for Staff to monitor the grant. Ms. Coulombe stated that "there is workload impact to Health District Staff and the Comptroller's office"; however, as Ms. Hadayia indicated it is an opportunity to "reconstitute this Program's budget, which has been impacted over the years."

Dr. Khan stated that chronic disease prevention is a vital component of public health and nationally funding has decreased with more funding being provided to public health preparedness and currently H1N1. Dr. Khan stated that, therefore, "any efforts to improve the level of funding that can improve this very important public health concern is well worth the effort."

Chairman Humphreys stated that he would concur with Dr. Khan; that "this is an investment in the health of our future population when 35.3% of school aged children are either overweight or obese. Chairman Humphreys stated that obesity is at an epidemic proportion; therefore, any efforts to improve the Chronic Disease Prevention Program would be "very, very positive for the future population."

MOTION: Ms. Ratti moved, seconded by Mr. Smith, that Staff proceed with the NACCHO ACHIEVE (Action Communities for Health, Innovation, and EnVironmental ChangE) grant application as presented. Motion carried unanimously.

STRATEGIC PLANNING UPDATE – POSSIBLE DIRECTION TO STAFF

A. Regulatory Revisions for Recycling Efforts and MRF (Materials Recycling Facility)

Ms. Jeanne Rucker, Environmental Health Specialist Supervisor, advised that, as discussed at last month's meeting, there has been a great amount of interest expressed "in the potential of a Materials Recycling Facility (MRF) in this area." Ms. Rucker advised it is the consensus of Staff that "it is in the best interest of the community to draft regulations with the intent of attempting to improve the recycling rate, while establishing a parameter such that, if a MRF exists a minimum amount of the waste must be diverted to the MRF." Ms. Rucker stated that the draft is approximately 75% complete; that it is "the unknowns" which "make it difficult to incorporate into the draft." Ms. Rucker stated that when the draft is completed, she will present the draft to the staff of the Cities and the County who are involved with the Franchise Agreement(s) process to ensure an opportunity to provide comments and achieve a consensus. Ms. Rucker after the completion of that process Staff will schedule workshop sessions to obtain comments from other stakeholders throughout the community.

Ms. Rucker stated "utilizing the approach that 'if it exists and is economically feasible it provides those entities, which enter into franchise agreements, it provides an opportunity "to make the choice." Ms. Rucker stated that a review of the costs will allow those entities to determine "if the citizens will accept a certain increase in fees if it is known a certain amount of the waste will be diverted, while providing the option of determining "no, it is too much." Ms. Rucker advised that she anticipates having a draft to present to the Board within the "next few months."

In response to Mr. Gustin regarding there being a distinction between a "clean MRF versus a dirty MRF and what recyclables will be suggested to the Cities to assist in making a determination", Ms. Rucker advised that the process has not yet progressed "that far." Ms. Rucker stated that first it will be necessary to develop definitions for MRF and recyclables; that the regulations "will have to be somewhat flexible." Ms. Rucker stated that the intent is to allow the policy/decision entities to "make some economic determinations." Ms. Rucker stated that it will enable businesses (private, public and non-profit) to present proposals to the various entities; that the jurisdictional entities will then have the authority specific to accepting "a clean or a dirty MRF; that it will be at that time the economic impact will be determining factors."

In response to Mr. Ratti regarding the Health Department providing options "as opposed to mandating performance", Ms. Rucker advised that Staff will be defining "what a MRF is", with the intent of increasing the recycling rates in Washoe County; that "if a facility exists there will be mandates included in the regulations stipulating "the amount of waste that will have to be diverted to that facility."

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Ms. Ratti questioned if it would be the "amount of waste or the amount of recyclables that would have to be diverted", Ms. Rucker stated that the provisions would (probably) indicate the amount of waste, as MRFs "do not focus only on recyclable materials." Ms. Rucker stated that MRFs "also focus on materials which can be utilized as an energy source; that it is a "technical term", as what may be considered "waste by the generator may not be considered waste to the end user." Ms. Rucker stated the "assumption is" that with the availability of a MRF "most of the waste would not end up in a landfill"; that the regulations would require that a percentage of waste must be diverted to a MRF; that "there will always be the need for a landfill." Ms. Rucker stated that "even the best technology available does not utilize the entire waste stream; that there will always remain a certain amount of waste which will have to be deposited in a landfill."

Ms. Ratti stated that "mandating a portion of the waste stream be diverted to a MRF does not (necessarily) result in a minimal portion of the waste stream not ending up in a landfill."

In response to Ms. Ratti, Ms. Rucker stated that "by definition a MRF only accepts certain materials"; that any proposed MRF will be "driven by the market; therefore, the MRF will be flexible according what will be diverted and what can be used, re-used or sold as a commodity." Ms. Rucker stated that it will further be based upon what can be diverted to a waste energy facility; therefore, ultimate decisions will be based on the business proposals submitted for the construction of a MRF. Ms. Rucker stated that regardless of what decisions are made a MRF facility will increase the recycling rate; that establishing a "target goal" will determine how the proposal would be developed. In response to Ms. Ratti regarding "the role of the Health Department to set the goal", Ms. Rucker stated that "the Health District can set the goal; that this will be the intent of the regulations."

Ms. Ratti stated that she would encourage the Health District's processes parallel jointly with the processes of the local jurisdictions. Ms. Ratti stated that she has requested Staff from the Health District be invited to all meetings regarding recycling, MRFs, etc.; that further, she "wants Health District Staff included on the regional level" for these issues. Ms. Ratti stated that there has been discussion regarding a site visit to a MRF facility in San Jose, California; that she would question if Staff has been advised of that visit.

In response to Ms. Ratti, Ms. Rucker stated that to her knowledge Staff has received no invitations to any meetings or discussions regarding a site visit; however, Mr. Sack may be aware of that information; however, he has not advised her of any such visit.

Ms. Ratti requested that Ms. Rucker “not wait until the next Board of Health meeting to contact her, Ms. Jung or Mr. Gustin regarding Health District Staff not being included in those meetings, as that it critically important.” Ms. Ratti stated that “she does not want two (2) divergent paths at the staff level as to what is being discussed as a community.”

In response to Mr. Smith regarding provisions within the regulations, which will allow for a MRF facility to expand, Ms. Rucker stated that an initial measure is to establish “a target diversion level”; that then when that is met the required amount for diversion can be increased. Ms. Rucker stated that once an enterprise is implemented, “enough competition will be generated locally the industry will take off”; therefore, it may not be necessary for the Health District to mandate the goal be increased. Ms. Rucker stated that it is the consensus this industry will increase on its own ~ it only has to get started; that it is necessary to establish an alternative to what is currently available.”

Chairman Humphreys commended Ms. Rucker for the work she has been doing to-date and what Staff has accomplished; that he is aware it has been a lot of work.

MOTION: Ms. Jung moved, seconded by Mr. Smith, that Staff continue with the development of the regulatory revisions for recycling and Materials Recycling Facility (MRF), as outlined “as expeditiously as possible.” Motion carried unanimously.

STAFF REPORTS AND PROGRAM UPDATES

A. Director – Epidemiology and Public Health Preparedness

Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness, presented his monthly Division Director’s Report, a copy of which was placed on file for the record.

Dr. Todd presented graphs of the Department’s vaccination efforts to-date for H1N1; advising that during the first clinic Staff administered approximately 1,100 immunizations; however, the first clinic had long waiting lines “with people standing in line for several hours.” Dr. Todd stated that in Staff’s review of the H1N1 POD operation various changes were made to the process, specifically reducing the amount of time individuals would have to wait in line. Dr. Todd stated that Staff implemented a color-coded wrist band process in which individuals pick-up a wrist band in the morning and the color-code of the wrist band indicates the hour time frame in which the individual(s) return; that this ensures the individual will receive a vaccination and at what time the individual needs to return to the Health District. Dr. Todd stated that with the new process, Staff has received “approximately 100 positive comments for possible every one (1) negative comment

received. Dr. Todd presented the graph of the second and third clinics conducted, advising that approximately 2,000 individuals during this week; that the next graph indicates a week in which one (1) clinic was conducted and again approximately 2,000 individuals were vaccinated. Dr. Todd stated that Staff has improved upon the process with each successive clinic. Dr. Todd stated that Staff conducted a clinic this past Tuesday and one (1) is scheduled for this Saturday; that after Saturday's clinic, Staff will have administered in excess of 10,000 doses. Dr. Todd displayed a graph depicting the percentages within the five (5) various "target groups", which have received the H1N1 immunizations; however, it is possible for an individual to "be within more than one (1) target group (i.e., pregnant and a health care worker; pregnant and less than 22 years of age, etc/). Dr. Todd stated that all applicable target group counts are noted in the monitoring data.

Dr. Todd stated that the State has begun providing assistance in entering the data in WebIZ; that currently the data for approximately 1,000 has not yet been entered into WebIZ. Dr. Todd presented a graph of the target groups by age; advising that per the CDC guidelines, Staff has not been administering the immunization to those age 65> as this is not an "at risk population, unless an individual 65> is a health care worker or "takes care of a child less than 6 months of age." Dr. Todd stated that there have been a few issues regarding physicians writing notes for elderly patients they consider high risk requesting the District administer the H1N1; however, Staff has been adhering to the CDC guidelines for the specific categories. Dr. Todd stated that the District has "received some negative press" regarding not offering the immunizations to the elderly; that there were also protestors "against the vaccine" outside last Saturday's clinic.

Dr. Todd stated that based on CDC guidelines there are approximately 418,000 in Washoe County with approximately 52% of the population within the targeted groups; that as he stated, after this Saturday's clinic, there will be approximately 10,000 residents of Washoe County who will have been immunized. Dr. Todd presented a graph depicting the 10,000 doses, which have been administered by the Health District and the approximate 10,000 administered by other health care providers.

In response to Dr. Khan regarding any link between obesity and the morbidity/mortality of H1N1 cases in Washoe County, Dr. Todd stated that "the fatal cases and those who have been hospitalized have had underlying conditions that increase their risk, including high BMI (Body Mass Index). Dr. Todd speculated that a possible mechanism for the association of high BMI and influenza risk may be the association with elevated BMI and diabetes, a known risk factor for influenza complications.

Dr. Khan stated that she participated in last Saturday's event, as a health care worker and bringing her three (3) year old son; that she would commend Dr. Todd and Staff for how well managed the clinic was. Dr. Khan stated that "she was in and out within twenty (20) minutes."

Dr. Furman stated at the last Inter-Hospital Coordinating Council meeting, Dr. Hess advised that volunteers for the Southern Nevada Health District (SNHD) are considered employees for emergencies; that this does not occur in Washoe County. Dr. Furman stated that the Medical Reserve Corps (MRC) volunteers are not considered employees.

In response to Dr. Furman, Dr. Todd stated that the current agreement for MRC volunteers does "contain language which indicates 'they are deemed as if they were an employee'"; that it is "his understanding this language is specific to workman compensation coverage." Dr. Todd stated that for worker's compensation it is necessary to "deem a wage to establish a premium, which is why the attorneys included the language 'to deem' to ensure volunteers would have coverage should "there be an accident while volunteering under workman compensation as though they were an employee." Dr. Todd stated that there are additional protections from the Volunteer Protection Act of 1997; that those protections are "quite comprehensive"; that he has been advised that the possible things for which a physician would not receive coverage are the "same things a physician's malpractice insurance would not provide coverage for either." Dr. Todd stated that he is aware Dr. Hess and some others "still have concerns; that Staff will continue to listen to and address those concerns."

Dr. Furman stated that he would commend Dr. Todd and his Staff for their recent paper on gastrochisis and the number of infants with this condition; that determining a cause of this was very important. Dr. Furman stated that a majority of health care providers and the CDC are not aware that vaso-constrictors, ephedrine and methamphetamines are causes of this condition. Dr. Furman stated that this is a very important in terms of health and health care costs.

In response to Dr. Furman, Dr. Todd stated that this study "was ground breaking in that regard; that his role was 'somewhat' in the background, supporting Dr. Elliott, formerly of the EPHP Staff of the Health District; that a number of Ms. Brown's nursing Staff were instrumental in bringing this to Staff's attention and assisting in the data collection. Dr. Todd stated that there have been conversations with CDC regarding "the need for some on-going research;" that CDC is "now more aware of these recreational drugs as risk factors."

In response to Ms. Ratti regarding the amount of vaccine the Health District has, Dr. Todd stated that currently the Health District has approximately 3,000 at this time; that approximately 2,000 will be administered this Saturday. Dr. Todd stated that the Health District has been utilizing "as quickly as it has been received." Dr. Todd stated that he has less information regarding the amount of vaccine private physicians currently have; that approximately two (2) weeks ago the State began providing information as to the amount of vaccine other enrolled providers are requesting and are administering. Dr. Todd stated that "that data is always a week old; that his

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best guesstimate would be that in all of Washoe County there may be approximately 7,000 doses that have not yet been administered." Dr. Todd stated that this amount can be utilized "fairly quickly, as Staff can administer approximately 2,000 doses in a day; that Southern Nevada Health District has had tens of thousand of doses available and continue to order more." Dr. Todd stated that the difference in "what was reported received in Southern Nevada and the amount administered was approximately 79,000 doses; however, he "cannot 'second guess' Southern Nevada's strategy; that there is a "much larger population in Southern Nevada and he would assume that SNHD has probably administered approximately 10,000+ doses than what has currently been reported. Dr. Todd stated that Staff will be issuing wrist bands tomorrow for Saturday's clinic.

In response to Ms. Ratti regarding private providers receiving allotments from the State and not the Health District, Dr. Todd stated that the vast majority of the initial 4400 doses received by the Health District were distributed to the area hospitals. Dr. Todd stated that currently the hospitals and private providers are receiving shipments directly from the State; that the Health District is not involved in the distribution; however, the Health District has been "involved in the vaccine allocation recommendation business." Dr. Todd stated Staff has been advised that the State will no longer request recommendations from the local health authorities; that the Health District will only have to request the amount of vaccine it will require for the clinics.

In response to Ms. Ratti regarding the "live virus and the dead virus", Dr. Todd advised that the nasal spray/mist is the "live attenuated virus" and the "shot is the killed virus." In response to Ms. Ratti regarding the private providers adhering to the CDC guidelines, Dr. Todd advised that private providers are "supposed to be adhering to the CDC guidelines; however, the Health District has no method of knowing if those guidelines are being followed. Dr. Todd stated that the Health District does have to submit a report each week to the State as to the number of doses that have been administered within each of the target populations, including those doses "which were administered to individuals outside of the target populations." Dr. Todd stated that directive from the CDC have been received that health districts "are not to go beyond those target populations; that it is very difficult to deny people, who come in at great physical effort and/or with a not from a physician." Dr. Todd stated that Staff has "done an excellent job in screening the targeted populations"; that further, Staff has advised those not in the target populations "that they are not being denied they are being deferred at this time."

Dr. Anderson advised that to-date there have been in excess of 168 hours provided by MRC volunteers at the various clinics, with 271 hours from the Sheriff's CERT (Community Emergency Response Team) volunteers. Dr. Anderson stated that she spoke with Sheriff Haley regarding providing recognition to these CERT volunteers and the other MRC volunteers "at a certain point in time" at the Board of Health and the Board of County Commissioners

Dr. Todd stated that the volunteers "have been tremendous; that the Health District could not have accomplished what has been accomplished without the assistance of these volunteers." Dr. Todd stated that in addition to the volunteers, there has been Staff from every Division who have assisted in the H1N1 clinics; that this has been a tremendous effort by everyone. Dr. Todd stated that these H1N1 clinics have been the first opportunity to deploy the MRC volunteers.

Chairman Humphreys stated that, as the Board is aware, H1N1 has required a tremendous amount of Staff time for the past several months; that he would commend everyone involved in the success of the H1N1 clinics. Chairman Humphreys stated that, as Dr. Todd mentioned, the first clinic was a learning experience and he would commend Staff for the vast improvements that have occurred with the implementation of the wrist bands.

B. Director – Community and Clinical Health Services

There was no monthly Community and Clinical Health Services Report.

C. Director – Environmental Health Services

There was no monthly Environmental Health Services Report.

D. Director – Air Quality Management

Mr. Andrew Goodrich, Director, Air Quality Management, presented his monthly Division Director's Report, a copy of which was placed on file for the record.

E. Administrative Health Services Officer

There was no monthly Administrative Health Services Officer Report.

F. District Health Officer

Dr. Mary Anderson, District Health Officer, presented her monthly District Health Officer's Report, a copy of which was placed on file for the record.


BOARD COMMENT

In response to Ms. Ratti regarding a review of the Regional Emergency Medical Services Authority and delivery of emergency medical services, Chairman Humphreys stated that this is in process; that he will discuss that with her.

Dr. Furman stated that he would request an agenda item for next month's meeting, regarding "vulgarity, obscenities, pornography ~ IT and the Health Department."

Chairman Humphreys wished everyone a "*Happy Thanksgiving.*"

There being no further business to come before the Board, the meeting was adjourned at 2:45 pm.



MARY A. ANDERSON, MD, MPH, FACPM, DISTRICT HEALTH OFFICER
SECRETARY



JANET SMITH
RECORDER



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

DATE: November 19, 2009

TO: District Board of Health

FROM: Andrew Goodrich, Director, Air Quality Management

SUBJECT: Monterey Development Group – Case No. 1045
Unappealed Citation No. 4953
Agenda Item: 7.A.1.a.

Recommendation

Air Quality Management Division Staff recommends that Citation No. 4953 be upheld and a fine of \$100 dollars be levied against Monterey Development Group for failure to have a proper dust control permit. This Citation was issued for violation of Section 040.030C.3 of the District Board of Health Regulations Governing Air Quality. This is a negotiated settlement.

Recommended Fine: \$250.00

Negotiated Fine: \$100.00

Background

On August 28, 2009, Air Quality Specialist Suzanne Dugger received a fugitive dust complaint from the property located on Stone Valley Drive (APN 200-621-01 and 200-633-13) in Reno, Nevada. When she arrived, AQ Specialist Dugger did not observe any fugitive dust but could see the potential for fugitive dust emissions. Upon further investigation it was determined that the property did not have a current dust control permit on file. AQ Specialist Dugger attempted several times to contact Sherry Wagner of Monterey Development Group, to inform her of the complaint and the Notice of Violation Citation. After several attempts and no returned phone calls by Ms. Wagner, AQ Specialist Dugger issued Citation No. 4953. An appeal form was given with the Citation.

On September 28, 2009, Senior Air Quality Specialist Dennis Cerfoglio and AQ Specialist Suzanne Dugger made a conference call to Ms. Wagner for a negotiated settlement meeting. After consideration of all the facts of the case, Mr. Cerfoglio recommended that the Notice of Violation Citation No. 4953 be upheld with a fine of \$100. A Memorandum of Understanding was signed by all parties.

DBOH AGENDA ITEM # 7.A.1.a.

P.O. BOX 11130 Reno, NV 89520-0027 • 401 Ryland Street, Ste. 331 • (775) 784-7200 • FAX (775) 784-7225

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Alternatives

1. The District Board of Health may determine that no violation of the regulations has taken place and dismiss Citation No. 4953.
2. The Board may determine to uphold Citation No. 4953 but levy any fine in the range of \$0 to \$250.

In the event the Board determines to change the proposed penalty, the matter should be continued so that Monterey Development Group may be properly noticed.



Andrew Goodrich, REM
Division Director
Air Quality Management Division

AG/DC: ma



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
 AIR QUALITY MANAGEMENT DIVISION
 401 RYLAND STREET, SUITE 331 • P.O. BOX 11130 • RENO, NV 89520
 (775) 784-7200



C28AUG09023

NOTICE OF VIOLATION

NOV 4953

DATE ISSUED: 9-2-2009

ISSUED TO: MONTEREY DEVELOPMENT GROUP PHONE #: 626-7507 / 745-5703

MAILING ADDRESS: 3108 WILD IRIS CT. CITY/ST: SPARKS ZIP: 89436

NAME/OPERATOR: SHERRY WAGNER PHONE #: 626-7507 / 745-5703

DRIVER LICENSE #/SSN _____

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 9-2-2009 (DATE) AT 1:00 P.M. (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

MINOR VIOLATION OF SECTION:

- 040.030 DUST CONTROL
- 040.055 ODOR/NUISANCE
- 040.200 DIESEL IDLING
- OTHER 040.030 C3

MAJOR VIOLATION OF SECTION:

- 030.000 OPERATING W/O PERMIT
- 030.2175 VIOLATION OF PERMIT CONDITION
- 030.105 ASBESTOS/NESHAP
- OTHER _____

VIOLATION DESCRIPTION: DUST CONTROL PERMIT EXPIRED. NO CURRENT DUST CONTROL PERMIT. 040.030 SEC.C.3.

LOCATION OF VIOLATION: PARK PLACE - STONE VALLEY DR. RENO, NV. APN 200-621-61-200-633-13

POINT OF OBSERVATION: SITE LOCATION / FILE REVIEW

Weather: PARTLY CLOUDY - 0-10 MPH Wind Direction From: N E S (W)

Emissions Observed: _____
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

WARNING ONLY: Effective _____ a.m./p.m. _____ (date) you are hereby ordered to abate the above violation within _____ hours/days. I hereby acknowledge receipt of this warning on the date indicated.

Signature _____

CITATION: You are hereby notified that effective on 9-2-2009 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within ASAP hours/days. You are further advised that within ten days of the date of this violation you may submit a written notice of appeal to the Chairman, Hearing Board, P.O. Box 11130, Reno, Nevada 89520. Failure to submit a notice of appeal in the time specified will result in submission of this violation to the District Board of Health, together with a request that an administrative fine be levied against you. If you do not wish to file an appeal the appropriate fine may be paid at the District Health Department.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: UNAVAILABLE FOR SIGNATURE Date: 9-2-2009

Issued by: Syanne Dwyer Title: AQST

WASHOE DOES NOT DISCRIMINATE ON THE BASIS OF SEX, RACE, COLOR, AGE, RELIGION, DISABILITY OR NATIONAL ORIGIN IN THE ACTIVITIES AND OR SERVICES WHICH IT PROVIDES. IF YOU HAVE ANY QUESTIONS, PLEASE CALL WASHOE COUNTY HUMAN RESOURCES - 328-2080; TDD NUMBER 328-3685.

APPEAL FORM ATTACHED.



DISTRICT HEALTH DEPARTMENT AIR QUALITY MANAGEMENT DIVISION

MEMORANDUM OF UNDERSTANDING

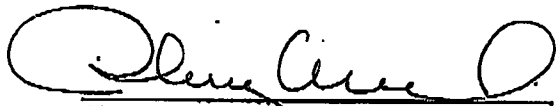
WASHOE COUNTY DISTRICT HEALTH DEPARTMENT AIR QUALITY MANAGEMENT DIVISION

Date: Sept. 28, 2009

Company Name: MONTEREY DEVELOPMENT GROUP
Address: 3108 WILD IRIS CT. SPARKS NV 89436
Notice of Violation # 4953 Case # 1045

The staff of the Air Quality Management Division of the Washoe County District Health Department issued the above referenced citation for the violation of Regulation 040.030 SEC.C.3.

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 100.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on NOV. 19, 2009.


Signature of Company Representative

SHERRY A. WAGNER
Print Name

VICE PRESIDENT OPERATIONS
Title

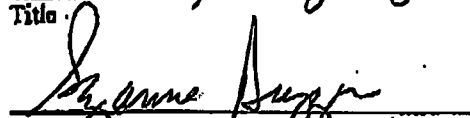
Witness

Witness


Signature of District Representative

DENNIS CERFOGLIO
Print Name

Sr. Air Quality Specialist
Title


Witness

SUZANNE DUGGER
Witness



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

Conditional Dust Control Permit Approval #: D09002

Name of Development: Park Place Subdivision (7 Acres Disturbed)

Specific Location: Stone Valley Drive

Property Holder: Monterey Park Place Investors LLC Expiration Date: 4-15-2011

The following requirements are special conditions of approval for this dust control permit in addition to the standard conditions noted in the permit application. The special conditions noted below must be followed in all activities covered in this permit application.

1. **One (1) water truck** will be assigned and available for operation 24 HOURS A DAY, 7 DAYS A WEEK for the purpose of water application for control of fugitive dust. If one water truck cannot control fugitive dust emissions from equipment operations and/or gusty wind conditions, the applicant shall immediately provide additional water trucks. CESSATION OF OPERATIONS IS REQUIRED IF DUST CANNOT BE CONTROLLED DUE TO EQUIPMENT OPERATIONS AND/OR GUSTY WIND CONDITIONS. IF CESSATION OF OPERATIONS IS USED AS A DUST CONTROL MEASURE, CONTINUED WATERING OF THE PROJECT IS REQUIRED.
2. Dust emissions generated on any entrance or exit haul roads due to equipment operations or gusty wind conditions must be controlled 24 hours a day, 7 days a week, by the use of water application or an environmentally safe dust palliative (District Regulation 040.030, Section C. 2. a. and b.) Any palliative used must comply with state and local regulations and not provide a noxious odor or contaminate ground water.
3. All projects importing or exporting dirt, rock or other fill materials must comply with the work practice standards in District Regulation 040.030, Section C. 4., including load tarping, watering or Freeboard. Any soil tracked onto adjoining paved roadways will be promptly removed by wet broom or washing. Regular vacuum or wet sweeping will be performed at least daily, and more often if necessary or if ordered by the Control Officer due to a violation. Any materials tracked out or spilled which cause visible fugitive dust for a period of five (5) minutes in any hour period shall be cleaned up immediately.
4. Any soil or fill storage piles operated or maintained as a part of this construction lot will be covered or wetted down sufficiently to prevent wind blown dust. Dust emissions from screening operations will be controlled by the use of a water truck or other control measure that prevents fugitive dust.

P.O. BOX 11130 Reno, NV 89520-0027 • 401 Ryland Street, Ste. 331 • (775) 784-7200 • FAX (775) 784-7225

www.washoecounty.us/health

WASHOE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER HIRING EMPLOYMENT ELIGIBLE APPLICANTS

Printed on Recycled Paper


Conditional Dust Control Permit # D09002
Park Place Subdivision * Stone Valley Drive

5. The applicant shall implement additional dust control measures, such as extra water trucks, water cannons, re-vegetation, environmentally safe dust palliatives (which comply with all applicable regulations and do not emit a noxious odor and do not contaminate ground water), wind fencing, and/or cessation of operations should these measures fail to control fugitive dust emissions from this project.
6. Once final grade has been completed, and if no structures are being constructed, the owner/developer shall be required to establish a long-term stable surface. This shall include re-vegetation or covering the disturbed soil with rock or crushed asphalt products within 30 days of completion of final grade. The use of an approved palliative is an option, but must be approved by the Air Quality Management Division (AQMD) prior to application.
7. The applicant shall provide a Material Safety Data Sheet (MSDS) and dilution ratio to AQMD staff for any dust palliative selected for use as a dust control measure at this site.
8. A copy of this dust control permit shall be maintained at the construction project site and available to any sub-contractor or Air Quality Management Division inspector to review upon request.
9. **ANY CHANGES MADE TO THE PROPOSED OPERATIONS, SCOPE OF WORK OR SURFACE DISTURBANCES UNDER THIS DUST CONTROL PERMIT shall be submitted to the Washoe County Health District, AQMD in writing and must receive approval from the Control Officer prior to implementation.**
10. The owner or the general contractor shall erect an informational sign at the main entrance to the project site. The sign shall be a minimum of 4 ft by 4 ft in size, and shall be in place prior to initiation of disturbance of the ground surface. The sign lettering shall be at least 4 inches high and shall be bold and easily readable by the public. The sign shall remain in place for the life of the project. The sign shall include the following information, also see attached example:
 - a) The name of the project.
 - b) A statement identifying the General Contractor.
 - c) A statement proclaiming that "All operators at this site are required to control dust emissions from their operations. The General Contractor is required to oversee and control project wide dust emissions."
 - d) A statement proclaiming that "For dust related problems coming from this site, or to make a dust complaint, call this phone number 24 hours per day, seven days per week: (775) 784-7200. A 24-hour phone number for both the Contractor/Developer and the Air Quality Management Division shall also be posted. The 24-hour phone number for complaints to the Air Quality Management Division is (775) 784-7200.

Conditional Dust Control Permit # D09002
Park Place Subdivision * Stone Valley Drive

11. A log book of all dust control operations, containing all information as required by the Control Officer in the standard **"WASHOE COUNTY DUST CONTROL LOG"** must be maintained on a daily basis (copies of blank log sheets are available at the Air Quality Management Division Office). Required information includes, but is not limited to, the number of **OPERATING** water trucks/pulls, the size of **OPERATING** water trucks/pulls (gallons capacity of each truck/pull), and the condition of the surface crust on disturbed areas. The operator shall record in the logbook all dust control efforts and the compliance level of the site with dust control requirements. The logbook shall be kept at the project site and made available to District representatives upon request.
12. Visible dust may not be emitted into the air from any operations or disturbed areas of this project for more than 5 minutes in any hour period (Regulation 040.030, Section C. 1). All disturbed areas must maintain a visible surface crust or other cover in compliance with Regulation 040.030, Section C.2.c. Compliance shall be determined using US Environmental Protection Agency Reference Method 22, with an observation period of not less than 5 minutes in any hour period. Copies of District Regulations, enforcement policies and USEPA Reference Testing Methods may be obtained by contacting the Air Quality Management Division at (775) 784-7200.
13. Failure to comply with all of the requirements of this Dust Control Permit shall be considered a citable violation of District Regulations and this dust control permit. Citations may be issued for each day of violation, in amounts up to \$10,000.00 per day as stated in District Regulations.
14. Any use of recycled wastewater from a public or private sewer treatment plant must take into account the protection of public health.

NOTE: All operators who clear more than one (1) acre of land also need an NPDES permit addressing water quality issues related to storm run-off from the Nevada Division of Environmental Protection. Contact the Bureau of Water Pollution Control, at (775) 687-9418 for further information.


Control Officer

October 16, 2009
Effective Date

April 15, 2011
Expiration Date

THIS IS NOT A GRADING PERMIT. THESE CONDITIONS ADDRESS DUST CONTROL ONCE THE GRADING PERMIT HAS BEEN OBTAINED. IF THE GRADING PERMIT IS DENIED THIS PERMIT IS VOID.

DUST CONTROL PERMIT APPLICATION

WASHOE COUNTY HEALTH DISTRICT * AIR QUALITY MANAGEMENT DIVISION
PO Box 11130, Reno NV 89520-0027 * (775) 784-7200 * Fax (775) 784-7225

FEE: \$122.00 per acre (Less than .5 acres round down; .5 and greater round up)

THE "APPLICANT" IS RESPONSIBLE FOR ALL DUST CONTROL 24 HOURS A DAY, SEVEN DAYS A WEEK, INCLUDING WEEKENDS AND HOLIDAYS, FROM COMMENCEMENT OF PROJECT TO COMPLETION.

D09002 AREA 1

The Applicant must be the Property Owner/Developer, and signed by the Applicant or his Attorney in Fact. Fill in the application completely or it will be returned for completion.

- 1. Name of Development: PARK PLACE SUBDIVISION
2. Development Address: STONE VALLEY DRIVE, RENO, NEVADA
3. Size of Project (disturbed acres): 7 ACRES (ONE (1) WATER TRUCK)
4. Type of Project (choose one): Residential - Single Family [checked]
6. If renewing an existing permit, list permit number: A06075 EXPIRED 9/27/2007

NOTE - - The Dust Control Permit is valid for eighteen (18) months from the date of approval. If the project is not complete or has not commenced by the expiration date, the Applicant must submit a renewal application to the Air Quality Management Division.

- 7. APPLICANT -- Name and current Address of Property Owner/Developer:
Owner/Developer: MONTEREY PARK PLACE INVESTORS, LLC Contact: SHERRY WAGNER
Address: 59 DAMONTE RANCH PARKWAY, #B353
City: RENO State: NV Zip: 89521
Phone Number: 775-324-6900 Email: Swagner@montereydevelopmentgroup.com

- 8. Name and current Address of Project Engineer/Consultant:
Engineer/Consultant: N/A Contact:
Address:
City: State: Zip:
Phone Number: Email:

- 9. Name and Address of General Contractor:
Contractor: N/A Contact:
Address:
City: State: Zip:
Phone Number: Email:

- 10. Name and Address of Grading/Excavating Contractor:
Contractor: N/A Contact:
Address:
City: State: Zip:
Phone Number: Email:

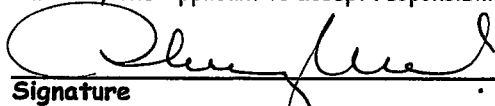
1 100709 W022773 T01 FILED 05/24 00

11. Proposed Construction Dates - Per Phase (provide grading and phasing maps): N/A
 On-Site Grading/Excavation: Start: _____ Complete: _____
 Building Construction: Start: _____ Complete: _____
12. Will fill material be required? N/A Yes _____ yd³ _____; No _____
13. Will there be an excess of native material as a result of excavation? Yes _____ yd³ _____ N/A
 No _____
14. Amount of Material to be excavated (yd³): _____ N/A
15. Is there a soil analysis report available? Yes _____ N/A No _____
16. On-Site soil type: _____ N/A
17. Method of dust control to be utilized (per phase): (attach a map showing dust control strategy-utilize scale with contours)

PALLIATIVE
 Water Truck(s) ONE (1) WATER TRUCK (number of trucks)
 Chemical Sealant FISCH - STIK (type - attach MSDS Sheets) → SEE ATTACHMENT
 Sprinklers/Water Cannons _____ (locations) gma
 Compaction _____ (percent) 10/12/09
 Enclosure _____ (fences, windbreaks)
 Revegetation _____ (type - attach seeding schedule)
 Will temporary irrigation be supplied? Yes _____ No _____
 Water Source: _____
 Speed Limits _____ Other _____

NOTE - - Permanent stabilization methods such as construction/landscaping, revegetation, chemical sealant/palliative, or other approved method(s) of dust suppression must occur "within 30 days of grading completion". Dust suppression must continue regardless of construction status.

18. Method to control mud and soil being tracked onto adjacent paved roadways: _____ N/A
19. Frequency of daily street cleaning: _____ N/A
20. Describe the methods (fences, barriers, etc.) to prevent unauthorized traffic on the construction site(s): _____ N/A
21. Persons to be contacted during non-working hours in case of dust problems:
 Name & Phone no: Sherry Wagner Email: Swagner@montereydevelopmentgroup.com
 Name & Phone no: _____ Email: _____
22. The Applicant's (Owner/Developer) signature or that of his/her Attorney in fact on this application shall constitute agreement by the Applicant to accept responsibility for meeting the "Conditions of Plan" (attached):


 Signature _____ Date 9/24/2009
Sherry Wagner
 Print or type name _____ Title VP OPERATIONS
Monterey Development Group, LLC
 Company Name _____ Phone Number 775-745-5703
Monterey PARK PLACE INVESTORS, LLC

KELLEY EROSION CONTROL, INC.

www.kelleyerosioncontrol.com

2395-B Tampa Street
Reno, NV 89512
(775) 322-7755
Fax (775) 322-8606

ATTN: SUZANNE DUGGER

775 784-7225

PARK PLACE - Complete

Sherry Wagner
12 pages

M.
PLS. ATTACH
TO PARK PLACE
DUST CONTROL
PERMIT.
THANKS ☺

FAX COVER SHEET

Date: 10/6/09 Time: 3:45pm
To: Sherry Wagner - Materney Dev
Fax Number: 626-7368
Phone Number: 745-6703
From: **Claudia J. Chambers CPESC, CISEC, CIT**
Cell (775) 741-8875
claudia@kelleyerosioncontrol.com

NUMBER OF PAGES (including cover sheet) 10

Please call (775) 322-7755 if there is a problem with transmission.

REMARKS Sherry - Attached Material
Submittal / Material Certifications /
Material MSDS Sheets

and

Invoice with conditional
wavier. Hard copy of
invoice will be mailed.

THANK YOU

Claudia

INVOICE



KELLEY EROSION CONTROL, INC.

2095-B TAMPA STREET
RENO, NV 89512
(775) 322-7755
FAX NO. (775) 322-6606

Invoice No: 0001313

10/07/2009

MONTEREY DEVELOPMENT
ATTN: SHERRY WAGNER
59 DAMONTE RANCH PARKWAY UNIT B 353
RENO NV 89521

STONE VALLEY DRIVE

09-98

DUST PALLIATIVE
APPLICATION APPLIED 10/7/09
3 ACRES @ \$ 689.00/ACRE.

2,067.00

TERMS: DUE UPON RECEIPT.

Total Invoice 2,067.00

(RELEASE FORM 1)

CONDITIONAL WAIVER AND RELEASE
UPON PROGRESS PAYMENT
(Civil Code 3262(d)(1))

Upon receipt by the undersigned of a check from:

MONTEREY DEVELOPMENT

in the sum of \$2,067.00

payable to: Kelley Erosion Control, Inc.

and when the check has been properly endorsed and has been paid by the bank upon which it is drawn, this document shall become effective to release pro tanto any mechanic's lien, stop notice or bond right the undersigned has on the job of:

STONE VALLEY DRIVE

located at:

to the following extent. This

release covers a progress payment for labor, services, equipment, or material furnished to: MONTEREY DEVELOPMENT

through 10/06/2009 only and does not cover any retention or items furnished after said date.

Before any recipient of this document relies on it, said party should verify evidence of payment to the undersigned.

Dated: 10/06/2009 Kelley Erosion Control, Inc.


By: CLAUDIA J. CHAMBERS, CPESC, CISEC, CIT
Secretary/Treasurer

Note: This form complies with the requirements of Civil Code Section 3262(d)(1). It is to be used by a party who applies for a progress payment when the progress payment check has not yet cleared the bank. This release only becomes effective when the check, properly endorsed, has cleared the bank.

Fisch-Stik

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Fischbach; and more LLC
FYM™ Erosion Control Specialty Products



Let Us Help Solve Your Erosion Concerns

FISCH-STIK

FISCH-STIK is used for the adhesive binding of wood cellulose fibers and seed through hydraulic planting machines directly onto prepared soil. It is also used as a straw tackifier, along with 500 lbs. per acre of wood cellulose fiber, over blown or crimped straw. FISCH-STIK is used as a surface treatment for temporary stabilization of erodible soils to protect against water and wind erosion - an excellent dust control product. FISCH-STIK helps hold fiber, seed, and soil particles in place and aids in germination of seed for revegetation and stabilization of critically disturbed sites.

Key Benefits

- **100% BIODEGRADABLE**
Organic formula contains no harmful ingredients - 100% unmodified corn or soy starch - safe for the environment, plants, animals, and man - not harmful to equipment either.
- **100% EFFECTIVE**
Keeps costs down - proven effective since 1990 as the most cost effective organic tackifier. Allows equipment to run more efficiently too, by reducing friction in tank and hoses.
- **100% SAFE & CONSISTENT**
Easy to clean up - Our consistent formula guarantees that the product is free of toxins, foreign contaminants, toxins, weed seed residue, with less than 1% variance in quality of consistency. Imported products such as plantago (psyllium) can not make this claim.
- **100% USABLE**
Disperses rapidly in cold water - No gum balling. Rewets easily with every moisture cycle. No fillers or additives for weight - Product quality enhances slurry pumping - Fewer clogs - Not affected by fertilizers.
- **Material Safety Data**

Suggested Application Rates

- As a fiber mulch binder:
 - 4:1 Slopes of flatter - 75-80 lbs / acre
 - 2:1 Slopes of flatter - 80-100 lbs / acre
 - 1:1 Slopes and loose soils - 100-200 lbs / acre
(used w/1500-2000lbs/acre mulch)
- Double rates above to create a Perennial Fiber Matrix (PFM)
- As a Straw tackifier:
80-100lbs/ acre mixed with min of 500 lbs / acre of fiber mulch and min of 100 gal water
- As a Dust control:
100-300 lbs /acre w/500 lbs/acre of fiber mulch and min of 100 gal water

FISCH-STIK meets or exceeds California Department of Transportation specifications for organic stabilizing emulsions and is registered and licensed as auxiliary soil amendment with the California Department of Feed and Agriculture. Also approved in MT, WY, AZ, AND ON OPL FOR NV AND OR

**Fill Your Hydroseeder With Products That Work
Stick it or Ticket**

Email don@fischbachandmore.com with questions or comments about this web site.
Last modified: 11/07/07

Fischbach; and more LLC
FYH™ Erosion Control Specialty Products

Fisch-Stik Certification Letter

3 December 2007

To Whom it May Concern:

Fisch-Stik is a cold water thickening, 100% natural vegetable flour gum produced from 100% USA farmer grown vegetable crops, manufactured as an industrial gum and fiber bonding agent and as a soil and mulch tackifier. When mixed with water, it forms a viscous colloidal emulsion and when applied to the soil with seed, mulch and fertilizer, it "glues" the matrix together. It can be used in high concentrations to form a polymer fiber matrix or a bonded fiber matrix, which are both stabilizing fiber matrixes.

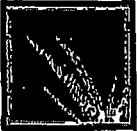
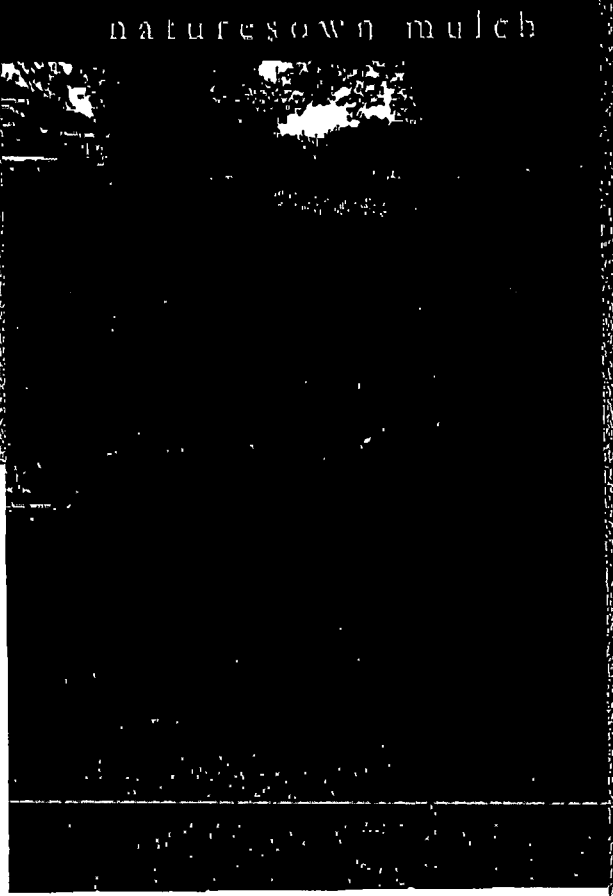
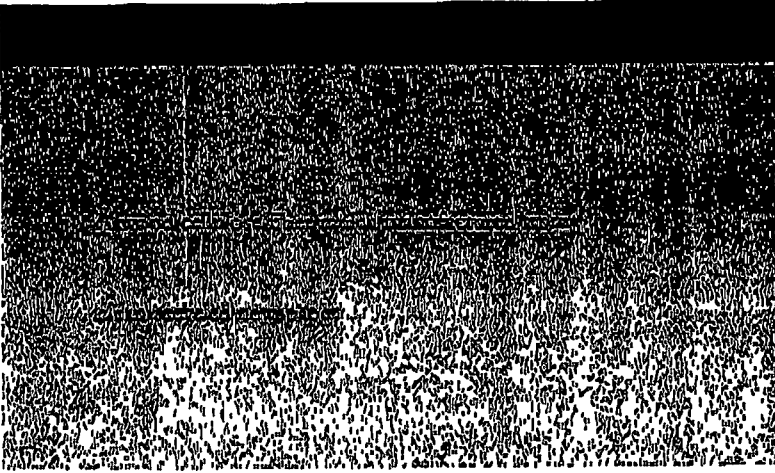
Fisch-Stik is 100% organic, 100% pure active ingredient, containing no weed seed residue. It is non-toxic to plant, animal an human. It is non-staining, is not re-emusifiable after curing, is cold water soluble, and comes in a dry powder form. It is packaged in 50 pound multi-wall paper bags, 50 bags (2500 pounds) per pallet. Fisch-Stik meets or exceeds Cal-Trans specifications for section 20-2.11 and is registered with the Cal. Dept. of Food and Agriculture. Fisch-Stik is on the Qualified Products Lists of Nevada and Oregon and approved in many other states.

Fisch-Stik is the original organic vegetable based tackifier and should not be confused with other products on the market. It is readily available from the warehouses of our distributors.

Fischbach; and more LLC

Robert Fischbach

naturesown mulch



NaturesOwn
We've Got You Covered

ADVANTAGES

- Works in all hydro-seeding equipment
- Gives you 20% more loading capacity than wood mulch
- Fast to load from easy to handle bales
- Mixes easily with water and virtually eliminates clogs or plugging
- Flows smoothly and gives you uniform distribution

APPLICATIONS

- Hydro-Seeding
- Strawmating

TYPICAL PROJECTS

- Highways
- Golf Courses
- Reclamation
- Residential and Commercial Landscaping

product specifications

Packaging: 50 lb bales	
Shipments: 2250 lb pallet	
Typical Application Rates:	Hydro-Seeding:
	Mod. to 3:1 1500 lb/acre
	3:1 to 2:1 2000 lb/acre
	Greater than 2:1 2500 lb/acre
	Strawmating:
	750 lb/acre

PHYSICAL PROPERTIES

- Water Holding Capacity >1000%
- Moisture Content 12% +/- 3
- Organic Matter >93%
- Ash Content <7%
- pH Range 6.9 +/- 2

Distributed by:



Hamilton Manufacturing Co., Inc.
901 Russer Street, Twin Falls, Idaho 83301 USA
208-733-9689 Fax 208-733-9447 E-mail info@hmi-mfg.com
http://www.hmi-mfg.com/

International HMI World Wide
sammy@hmiworldwide.com, http://www.hmiworldwide.com/

Printed on recycled stock



Call us at 800-777-9689 (US Customers) or 616-534-0714 (International Customers)
Ask about our hydro-seeding equipment and our product guarantee

MATERIAL SAFETY DATA SHEET

Effective Date: Jan, 2008

Nature's Own® Mulch (Hydroseeding Mulch)

Nature's Own® Mulch is a registered trademark of Hamilton Mfg., Inc.

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CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

Product Name:	Nature's Own® Hydromulch	Manufacturer:
Chemical Formula:	$(C_1H_{15}O_2) \cdot Na_2SO_4 \cdot C_{16}H_{29}O_7SN_4$ $2C_{22}H_{25}N_2 + 3C_2H_2O_4$	
Chemical Family:	Hydromulch	Hamilton Manufacturing
CAS Registry Number:	Not Established	901 Russel Street
ACGIH TLV:	15 mg/m ³ (respirable)	Twin Falls, ID 83301
HMS Rating:	Health 0 Reactivity 0 Flammability 1 Personal Protection "E"	Emergency Phone Number: Hamilton Mfg, 208-733-9689

HAZARD IDENTIFICATION

Emergency Overview: This product does not contain regulated levels of hazardous ingredients as defined in OSHA STANDARD 29 CFR 1910.1000.

Nature's Own® hydroseeding mulch is a green, odorless wood fiber material treated with harmless green liquid for color application control. This product does not present any unusual hazard if involved in a fire. Nature's Own® mulch presents little or no hazard (to humans) and has low acute oral and dermal toxicity.

POTENTIAL ECOLOGICAL EFFECTS:

This product's inherent design is used with revegetation and is not harmful to ecological systems.

POTENTIAL HEALTH EFFECTS:

Route of Exposure: Inhalation is the most significant route of exposure in occupational and other settings. Dermal exposure is not usually a concern because Nature's Own® mulch is not absorbed through intact skin.

Inhalation: Nature's Own® mulch is not likely to be hazardous by inhalation.

Eye Contact: Nature's Own® mulch is non-irritating to eyes in normal industrial use.

Skin Contact: Nature's Own® mulch does not cause irritation to intact skin.

Ingestion: Products containing Nature's Own® mulch are not intended for ingestion. Nature's Own® mulch has a relatively low acute toxicity. Swallowing large amounts may cause gastrointestinal symptoms.

Cancer: Nature's Own® mulch is not considered a carcinogen.

FIRST AID MEASURES

Inhalation: No special treatment is necessary since Nature's Own® mulch is not likely to be hazardous by inhalation. Prolonged exposure to dust levels in excess of regulatory limits should always be avoided.

Eye Contact: Use eye wash fountain or fresh water to cleanse eye. If irritation persists for more than 30 minutes, seek medical attention.

Skin Contact: Wash affected area with soap and water.

Ingestion: If swallowed, give two glasses of water to drink and seek medical attention.

FIRE FIGHTING MEASURES

General Hazards: None when in solution.

Flash Point:	Not Applicable
Flammable Limits LEL:	1
Flammable Limits UEL:	Not Applicable
Extinguishing Media:	Water
Special Fire Fighting Procedures:	None
Unusual Fire & Explosion Hazards:	None

ACCIDENTAL RELEASE MEASURES

General: Nature's Own® mulch is biodegradable and will not cause damage to trees or vegetation by root absorption.

Land Spill: Vacuum, shovel or sweep up Nature's Own® mulch and place containers for disposal in accordance with applicable state and local regulations. No personal protective equipment is needed to clean up land spills.

Water Spill: Nature's Own® mulch will not cause localized contamination of surrounding waters. There is no known damage at high concentrations to local vegetation, fish and other aquatic life. This product's inherent design is to be used with other compatible revegetation products.

HANDLING AND STORAGE

Storage Temperature:	Ambient
Storage Pressure:	Atmospheric
Special Sensitivity:	None known.

General: No special handling precautions are required, but dry, indoor storage is recommended. To maintain package integrity, bags should be handled on a "first-in, first-out" basis.

EXPOSURE CONTROL/PERSONAL PROTECTION

Engineering Controls: Use local exhaust ventilation to keep airborne concentrations of Nature's Own® mulch dust below permissible exposure levels.

Personal Protection: Where airborne concentrations are expected to exceed exposure limits, NIOSH/MSHA certified respirators must be used. Eye goggles and gloves are not required for normal industrial exposures, but may be warranted if environment is excessively dusty.

Occupational Exposure Limits: Nature's Own® mulch is listed/regulated by OSHA, Cal OSHA and ACGIH as "Particulate Not Otherwise Classified" or " nuisance dust".

OSHA: PEL*	15 mg/m ³ total dust and 5 mg/m ³ respirable dust
ACGIH: TLV**	5 mg/m ³ (respirable)
Cal OSHA: PEL*	5 mg/m ³

*PEL = "Permissible Exposure Limit"
**TLV = "Threshold Limit Value"

Hamilton Manufacturing, Inc. - Nature's Own Mulch

2

PHYSICAL AND CHEMICAL PROPERTIES

Appearance:	Green, fiber
Specific Gravity:	Not Established
Vapor Pressure:	Not Applicable
Solubility in Water:	Insoluble, Dispersible
Boiling Point:	Not Established
Melting Point:	Not Applicable
pH:	6.0 +/- .5
Viscosity:	Not Applicable
Chemical:	Greens Liquid Less than 2% Surfactant Less than 2%
Fibrous Medium:	Greater than 96%

STABILITY AND REACTIVITY**General:** Nature's Own® mulch is a stable product.**Hazardous Decomposition:** Thermal decomposition may produce carbon monoxide and carbon dioxide.**DISPOSAL CONSIDERATIONS****Disposal Guidance:** Small quantities of Nature's Own® mulch can usually be disposed of at Municipal Landfill sites. No specific disposal treatment is required, but refer to state and local regulations for applicable site-specific requirements. Tonnage quantities of product are not recommended to be sent to landfills. Such product should, if possible, be re-used for an appropriate application.**California Hazardous Waste Designation:** California identifies substances with acute LD50's less than 5000 mg/kg as "hazardous wastes". Nature's Own mulch is therefore not a "hazardous waste" if spilled in California. Refer to Regulatory Information for additional information.**TRANSPORT INFORMATION****DOT Hazardous Material Classification:** Nature's Own mulch® is not a U. S. Department of Transportation (DOT) Hazardous Material.**DOT Hazardous Substance Classification:** Nature's Own® mulch is not a DOT Hazardous Substance.**International Transportation:** Nature's Own® mulch has no U. N. Number, and is not regulated under international rail, highway, water, or air transport regulations.**OTHER INFORMATION****National Fire Protection Association (NFPA) Classification:**

Health - 0
Flammability - 1
Reactivity - 0*

Hazardous Materials Information Systems (HMIS):

Red: (Flammability) - 1
Yellow: (Reactivity) - 0
Blue: (Acute Health) - 1*

*Chronic Effects

ADDITIONAL INFORMATION**Definition of Common Terms:**

ACGIH	=	American Conference of Governmental Industrial Hygienists
C	=	Ceiling Limit
CAS#	=	Chemical Abstracts System Number
IARC	=	International Agency for Research on Cancer
MSHA	=	Mining Safety and Health Administration
NAP	=	Not Applicable
NAV	=	Not Available
NIOSH	=	National Institute for Occupational Safety and Health
NTP	=	National Toxicology Program
OSHA	=	Occupational Safety and Health Administration
PEL	=	Permissible Exposure Limit
STEL	=	Short-Term Exposure Limit (15 minutes)
TLV	=	Threshold Limit Value
TWA	=	Time-Weighted Average (8 hours)

INFORMATION PRESENTED HEREIN HAS BEEN COMPILED FROM SOURCES CONSIDERED DEPENDABLE, ACCURATE AND RELIABLE TO THE BEST OF OUR KNOWLEDGE AND BELIEF, BUT IT IS NOT GUARANTEED TO BE SO.

NOTHING HEREIN IS TO BE CONSTRUED AS RECOMMENDING ANY PRACTICE OR ANY PRODUCT IN VIOLATION OF ANY PATENT OR IN VIOLATION OF ANY LAW OR REGULATION. IT IS THE USER'S RESPONSIBILITY TO DETERMINE THE SUITABILITY OF ANY

10-07-09;14:15 ;From:
10/06/2009 10:38 FAX U

To:7847225 ;

10/ 13

MATERIAL FOR A SPECIFIC PURPOSE AND ADOPT NECESSARY SAFETY PRECAUTIONS.

WE MAKE NO WARRANTY AS TO RESULTS TO BE OBTAINED IN USING ANY MATERIAL AND, SINCE CONDITIONS OR USE ARE NOT UNDER OUR CONTROL, WE MUST NECESSARILY DISCLAIM ALL LIABILITY WITH RESPECT TO USE OF ANY MATERIAL SUPPLIED BY US.



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Fax Cover Sheet

Date:	September 24, 2009	Time:	9:33 AM
To:	<i>Monterey Ave.</i>	Phone:	
Company:		Fax:	<i>775 626-7268</i>
From:	Libby Rapadas, CIC Account Executive	Phone:	530 581-2102
email:	Libby_Rapadas@wellsfargois.com	Fax:	(530) 581-2913
RE:	Kelley Erosion Control, Inc.		

Please find Insurance Documents, from our client Kelley Erosion Control, Inc., attached.

Regards,

Libby Rapadas, CIC

Account Executive

Cc: Claudia FAX: 775-322-6606

Confidentiality Note

The documents accompanying this cover sheet contain information from us which is confidential or privileged. The information is intended to be for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this faxed information is prohibited. If you have received this fax in error, please notify us by telephone immediately so we can arrange for the return of the original document to us.

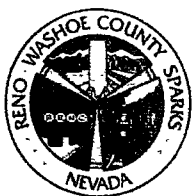
IMPORTANT

If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



AIR QUALITY COMPLAINT/ACTION REQUEST

DATE: 9-2-2009 **TIME:** 2:21 **TAKEN BY:** MARY AMES **ROUTED TO:** SUZANNE DUGGER

TYPE OF COMPLAINT: CITIZEN INVESTIGATOR OTHER

RENO **SPARKS** **WASHOE COUNTY** **AREA 1**

COMPLAINT:

DUST AND DEBRIS FROM ADJACENT EMPTY LOT. DUST IS CAUSING ISSUES WITH THE TINT ON THEIR WINDOWS

LOCATION OF COMPLAINT: STONE VALLEY & ROBB DRIVE - NW OF BODY WISDOM - BEHIND THE PARK

RESPONSIBLE PARTY: MONTEREY DEVELOPMENT GROUP **PHONE NUMBER:** 324-6900 Ext 315, 745-5703 CELL

ADDRESS: 3108 WILD IRIS COURT, SPARKS NV 89436

COMPLAINANT: BODY WISDOM EMPLOYEE, JASON SCOUBE **PHONE NUMBER:** 827-3777

ADDRESS: 1575 ROBB DRIVE

SPECIAL INSTRUCTIONS:

INVESTIGATOR: SUZANNE DUGGER **DATE:** 8-28-2009 **TIME:** 2:30 PM

VIOLATION: NOV CITATION 4953

SUZY ARRIVED ON SITE BUT DID NOT OBSERVE ANY DUST; HOWEVER SHE COULD SEE THE POTENTIAL FOR DUST PROBLEMS. SUZY PHONED THE NEW PROPERTY OWNERS, MONTEREY DEV GROUP, AND WAITED FOR A RETURN CALL.
 8-31-09 LEFT MESSAGE FOR SHERRY WAGNER
 9-1-09 LEFT ANOTHER MESSAGE FOR SHERRY WAGNER. SUZY ATTEMPTED TO CONTACT SHERRY WAGNER AT MDG OFFICE, BUT THE BUSINESS HAD MOVED. SUZY WILL CONTINUE TO MAKE CONTACT.
 9-2-09 LEFT ANOTHER MESSAGE FOR SHERRY WAGNER
 9-2-09 SUZY WENT TO THE SALES MDG OFFICE AND MET WITH SALES REP, LORRAINE. LORRAINE PHONED SHERRY WAGNER AND SUZY WAS FINALLY ABLE TO SPEAK WITH MS. WAGNER. SUZY INFORMED HER THAT THE PROPERTY ON STONE VALLEY DRIVE, APN 200-621-01 & 200-633-13, HAD NO VALID DUST CONTROL PERMIT, AND THAT CITIZEN COMPLAINTS WERE BEING RECEIVED DUE TO FUGITIVE DUST.

CASE CLOSED: **DATE:** 9-2-2009 **TIME:** 3:00pm **INVESTIGATOR:** SUZANNE DUGGER

VIEWED BY: DENNIS CERFOGLIO **DATE:** **TIME:**

VIOLATION: Minor Violation of Section 040.030
Expired Dust Control Permit
Notice of Violation #4953

ISSUED TO: Monterey Development Group
3108 Wild Iris Ct.
Sparks, Nevada 89436

OPERATOR: Monterey Development Group
3108 Wild Iris Ct.
Sparks, Nevada 89436

On August 28, 2009, Washoe County Air Quality Management Division(WCAQMD), Air Quality Specialist II (AQS) Suzanne Dugger received a fugitive dust complaint from the property located on Stone Valley Drive (APN 200-621-01 – 200-633-13) in Reno, Nevada. Upon arrival on site AQS Dugger did not observe any fugitive dust but could see the potential for fugitive dust emissions. Upon further investigation it was determined that the property does not have a current Dust Control Permit or any of the requirements of the Dust Control Permit. AQS Dugger attempted several times to contact Sherry Wager of the Monterey Development Group to inform her of the complaint and the violation. After several attempts and no returned phone calls, AQS Dugger finally made contact and requested that a Dust Control Permit Application be completed ASAP and that the open slope on the south side of the property be palletized. Based on the expired Dust Control Permit and citizen complaints of fugitive dust, NOV #4953 was issued.

An appeal form was given with NOV #4953.

Suzanne Dugger
Air Quality Specialist II
Air Quality Management Division
Washoe County District Health Department

RECOMMENDED FINE WORKSHEET

DATE: 9-2-2009

CASE No: 1045

COMPANY NAME: MONTEREY DEVELOPMENT GROUP

CONTACT NAME: SHERRY WAGNER

VIOLATION: 040.030.

SECTIONS: C3 TYPE OF VIOLATION: MINOR

OCCURRENCE: 1st

RANGE OF PENALTIES (PER DAY): \$100 - \$250

DEGREE OF VIOLATION: MINOR - EXPIRED DUST CONTROL PERMIT

ECONOMIC BENEFIT COMPONENT: \$122 X 7 ACRES = \$854.00. DUST CONTROL PERMIT FEE PALLIATIVE FOR 1-2 ACRES (WEEDS), CONTROLLING REMAINDER OF SITE. DUST CONTROL SIGN \$300.00.

DEGREE OF COOPERATION: INITIALLY THERE WAS LITTLE COOPERATION. NO CALLS WERE RETURNED. SALES OFFICE WAS ABLE TO MAKE CONTACT.

ADDITIONAL COMMENTS: _____

RECOMMENDED FINE: \$250.00

INVESTIGATOR'S SIGNATURE

NOTE: "Minor Violations", per District regulations, cannot exceed \$1000 for the first and second violations. Third minor violations, plus "Major Violations" cannot exceed \$10,000 per day.

WASHOE COUNTY AIR QUALITY MANAGEMENT DIVISION
 401 Ryland Street, Suite 331, Reno, NV 89502-1643
 Office (775) 784-7200 * Fax (775) 784-7225

CONSTRUCTION SITE INSPECTION FORM

Enforcement Officer: SUZANNE DUGGER Date/Time: 8-28-2009 12:30 P.M.
 Permit #: PERMIT EXPIRED Responsible Party: MONTEREY DEVELOPMENT GROUP
 Project Name: PARK PLACE Location: STONE VALLEY DR. APN 200-621-01-200-633-13

Weather: Clear Partly Cloudy Cloudy Recent Rain Temp: Wind/mph: 10 Direction: W-SW
 Site: Active Inactive Project Complete Workers Present: Yes No

Activities Occurring: None
 Clearing/Grubbing Backfilling Abrasive Blasting Clearing Forms Crushing/Screening
 Cut & Fill Importing/Exporting Explosive Blasting General Construction Subgrade Prep
 Trenching Stockpiling Demolition (mech) Landscaping Paving

EMISSIONS COMPLIANCE Yes No

Fugitive Dust Emissions: Yes No If yes, source: _____ Plume Length: _____
 Opacity: _____ %

Project Soils: Stable: Moist Gravel Palliative Crust Other: _____
 Unstable: Dry Loose Powdery

Interior Roads: None Stable: Paved Type II Moist Dust Suppressant
 Unstable: Dry Loose Powdery

Track-out: Yes No Dust from vehicles: Yes No If yes, Interior Access
 Water Source: Hydrant Stand Tank Reservoir None Observed Other: _____
 Mitigation Equipment: Hose Pull(s) Truck(s) None Observed Other: _____

Mitigation Equipment Ratio: Adequate Inadequate
 Track-out device present: Yes, functional Yes, not functional No, needed No, not needed

ADMINISTRATIVE COMPLIANCE Yes No

Acreage Permitted: UNKNOWN Project Size: Equal to Greater than
 Staging/Parking area(s): N/A On-Site Off-Site, included in acreage Off-Site, not included in acreage
 Stationary Source Permits: No Equipment Screen Crusher Batch Plant ATC#: _____
 DCP Sign: Yes No DCP On-Site: Yes No Not Verified
 Spoke with: SHERRY WAGNER Title: V.P. MONTEREY DEVELOPMENT GROUP In person / phone

Actions Taken: None Verbal Warning
 Notice of Violation - Warning: _____ Notice of Violation - Citation: 4953

Deficiencies to be corrected: THE SITE HAS NOT BEEN FINAL GRADED. CURRENTLY WEEDS ARE THE VEGETATION GROWING. SOUTH FACING SLOPE IS COMPLETELY VOID OF ANY VEGETATION. I HAVE REQUESTED THE SITE BE RE-PERMITTED AND THAT A DUST CONTROL PALLIATIVE BE APPLIED TO THE OPEN/EXPOSED SLOPE.



This is where data will appear after a query.



WASHOE COUNTY HEALTH DISTRICT AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

NOVEMBER 19, 2009

ATTACHED IS A COPY OF EACH ACKNOWLEDGEMENT FORM DOCUMENTING THAT THE AFORESIGNED HAS BEEN PROPERLY NOTIFIED OF THE DATE, TIME AND LOCATION OF THE DISTRICT BOARD OF HEALTH MEETING TO CONSIDER THE FINAL DISPOSITION OF SAID CASE.

P.O. BOX 11130 Reno, NV 89520-0027 • 401 Ryland Street, Ste. 331 • (775) 784-7200 • FAX (775) 784-7225

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WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



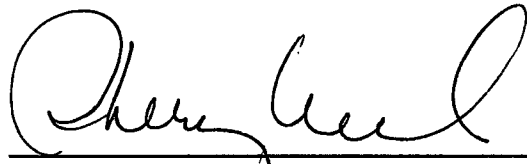
Public Health
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November 13, 2009

Monterey Development Group
Sherry Wagner
3108 Wild Iris Court
Sparks NV 89436

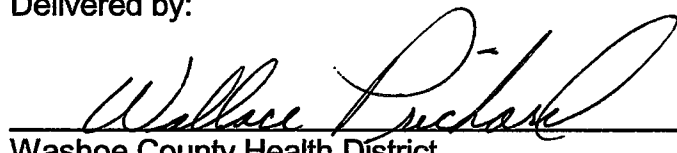
RE: Case No. 1045, NOV Citation No. 4953

I hereby acknowledge receiving a packet of the information to be presented to the Washoe County District Board of Health regarding Case No. 1045, at its meeting to be held on Thursday, November 19, 2009 at 1:00 p.m., at 1001 East Ninth Street, Reno, Nevada, Building B, Auditorium B. I understand that at this meeting the District Board of Health will take the appropriate administrative action against Case No. 1045.



Appellant or Representative

Delivered by:



Washoe County Health District
Air Quality Management Division Staff

11/13/09



Washoe County Health District

STAFF REPORT
BOARD MEETING DATE: 11/19/09

DATE: November 8, 2009

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District *PB*
 775-328-2418, pbuxton@washoecounty.us

THROUGH: Eileen Coulombe, Administrative Health Services Officer *EC*

SUBJECT: Approval of Notice of Subgrant Award from the Nevada State Health Division, Bureau of Health Planning & Emergency Response for the period August 10, 2009 through August 9, 2010 in the total amount of \$790,401 (with \$25,604 Health District match) in support of the Public Health Preparedness (PHP) Program; approval of amendments totaling an increase of \$67,135.90 in both revenue and expense to the adopted FY10 PHP Base Grant Program, IO 10713, to bring the FY 10 adopted budget into alignment with the grant; and if approved authorize the Chairman to execute.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

The Washoe County Health District received the Notice of Subgrant Award from the Nevada State Health Division for the period August 10, 2009 through August 9, 2010 in the total amount of \$790,401 in support of the Public Health Preparedness Program. A copy of the Notice of Subgrant Award is attached.

District Board of Health Priority supported by this item:
 Acceptance of this award and these amendment supports the District Board of Health's strategic priority: *Assure that the public health system operates at the highest level of integrity during an all hazards event.* It also supports the Epidemiology and Public Health Preparedness (EPHP) Division's mission to strengthen the capacity of public health infrastructure to detect, assess, and respond decisively to control the public health consequences of bioterrorism events or any public health emergency.

AGENDA ITEM # 7.C.1.

PREVIOUS ACTION

The Board approved the following:

- District Health Officer's acceptance of Subgrant Amendment #2 for the period August 10, 2008 through August 9, 2009 on August 27, 2009.
- Subgrant Amendment #1 for the period August 10, 2008 through August 9, 2009 in the amount of \$1,008,474 on May 28, 2009.
- Notice of Subgrant Award for the period August 10, 2008 through August 9, 2009 in the amount of \$793,132 on September 25, 2008.

BACKGROUND

The Nevada State Health Division has awarded the Public Health Preparedness Program \$790,401 (with \$25,604 Health District match) for the period August 10, 2009 through August 9, 2010. The in-kind value of volunteers will be used to meet the match requirement. Funds will be used to support personnel, travel, other professional services, and operating expenditures including funding incentives (to include but not limited to: bottled water, nutritious snacks and serving utensils for PHP trainings/stakeholder meetings and preparedness kits to be used as raffles for meetings and events).

This subgrant does not include a current scope of work. Staff is working jointly with the Nevada State Health Division Public Health Preparedness program staff to develop the scope of work.

This budget amendment will also require Board of County Commissioners approval.

FISCAL IMPACT

A budget amendment in the total amount of \$67,135.90 is necessary to align the budget with the Notice of Subgrant Award. This amendment takes into account actual expenditures for July – August 9, 2009 (previous award) and 12 months of the new award.

Should the Board approve these budget amendments, the adopted FY 10 budget will be **increased by \$67,135.90 in revenue and expenses** in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-10713-431100	Federal Revenue	\$67,135.90
2002-IO-10713-701412	Salary Adjustment	\$8,645.78
-705360	Benefit Adjustment	\$11,009.31
-710100	Professional Svcs	(\$10,582.00)
-710205	Repairs/Maintenance	\$200.00
-710300	Operating Supplies	\$60,161.30
-710334	Copy Machine	\$66.47
-710350	Office Supplies	(\$927.83)
-710355	Books/Subscriptions	60.45

2002-IO-10713-710360	Postage	(\$151.43)
-710500	Other Expense	(\$126.32)
-710502	Printing	(\$1,736.52)
-710505	Rental Equipment	\$1,000.00
-710508	Telephone	(\$4,432.38)
-710509	Seminars/Meetings	(\$180.00)
-710512	Auto Mileage	136.14
-710529	Dues	60.00
-710546	Advertising	(\$100.00)
-710585	Undesignated Budget	(\$1,800.01)
-711210	Travel	\$1,975.33
-711504	Equipment-NonCapital	\$3,857.61
	Total Expenditures	\$67,135.90

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve the Notice of Subgrant Award from the Nevada State Health Division, Bureau of Health Planning & Emergency Response for the period August 10, 2009 through August 9, 2010 in the total amount of \$790,401 (with \$25,604 Health District match) in support of the Public Health Preparedness (PHP) Program; approve amendments totaling an increase of \$67,135.90 in both revenue and expense to the adopted FY10 PHP Base Grant Program, IO 10713, to bring the FY 10 adopted budget into alignment with the grant; and if approved authorize the Chairman to execute.

POSSIBLE MOTION

Move to approve the Notice of Subgrant Award from the Nevada State Health Division, Bureau of Health Planning & Emergency Response for the period August 10, 2009 through August 9, 2010 in the total amount of \$790,401 (with \$25,604 Health District match) in support of the Public Health Preparedness (PHP) Program; approve amendments totaling an increase of \$67,135.90 in both revenue and expense to the adopted FY10 PHP Base Grant Program, IO 10713, to bring the FY 10 adopted budget into alignment with the grant; and if approved authorize the Chairman to execute.

HEALTH DIVISION

(hereinafter referred to as the DIVISION)

Program #: CDC10-09

Budget Account #: 3218

Category #: 22

GL #: 8516

NOTICE OF SUBGRANT AWARD

Program Name: Public Health Preparedness Health Planning & Emergency Response Nevada State Health Division		Subgrantee Name: Washoe County Health District (WCHD)	
Address: 4150 Technology Way, Suite #200 Carson City, NV 89706-2009		Address: 1001 East Ninth Street Reno, NV 89520	
Subgrant Period: August 10, 2009 through August 9, 2010		Subgrantees: EIN#: 88-6000138 Vendor#: T40283400Q Dun & Bradstreet #: 073786998	
Reason for Award: 2009 CDC Public Health Preparedness and Response for Bioterrorism			
County(ies) to be served: () Statewide (X) Specific county or counties: Washoe County			
Approved Budget Categories:			
1. Personnel	\$	688,378	
2. Contractual/Consultant	\$	600	
3. Travel	\$	16,750	
Supplies	\$	71,531	
4. Equipment	\$	0	
6. Other	\$	13,142	
7. Indirect	\$	0	
Total Cost		\$	790,401
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 \$ 790,401 during the subgrant period.			
Source of Funds:		% of Funds:	CFDA#:
1. Centers for Disease Control and Prevention		100%	93.069
			Federal Grant #: 5U90TP916964-10
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 WCHD	Signature		Date
Daniel P. Mackie, MPH, Health Program Manager, PHP			11/18/09
Kyle Devine, MSW Health Program Manager II, PHP			14 OCT 09
Richard Whitley, MS Administrator, Health Division			



**HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION A
Assurances**

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

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

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

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

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

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

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

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

Description of services, scope of work, deliverables and reimbursement

The Washoe County Health District (WCHD), hereinafter referred to as Subgrantee, agrees to provide the following services and reports according to the identified timeframes:

- Create a work plan to be used as the Final Scope of Work for this Subgrant with the guidance from the Nevada State Health Division, Public Health Preparedness. This work plan will include specific measurable objectives, activities to be conducted by the WCHD to accomplish the objectives, timelines, and tracking measures to ensure the successful achievement of federal grant objectives.
 - WCHD should use the work plan from the previous Subgrant (CDC07-08) and update to reflect those activities that have not yet been completed. Please find that work plan attached..
 - WCHD will customize the remaining measurable objectives and activities, provide a timeline for completion of the activities and tracking measures.
 - This customized work plan will be submitted to the Nevada State Health Division no later than October 30, 2009 for inclusion in Section B of this Subgrant and will be considered the Final Scope of Work for this Subgrant.

- Submit written Progress Reports to the Health Division electronically on or before:
 - March 30, 2010 (For the period of 8/10/09-2/28/10)
 - October 1, 2010 (For the period of 3/1/10-8/9/10)

- Additional information may be requested by the Health Division, as needed, due to evolving state and federal reporting requirements.

- Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Health Division through Grant Number 5U90TP916964-10 from 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 Nevada State Health Division or Centers for Disease Control and Prevention (CDC)."

- Any activities performed under this subgrant shall acknowledge the funding was provided through the State Health Division by Grant Number 5U90TP916964-10 from the Centers for Disease Control and Prevention.

(Continued on next page)

Subgrantee agrees to adhere to the following budget:

1. Personnel	\$ 688,378	\$150,943 Epidemiology & PHP Director 100% \$57,167 Administrative Secretary 100% \$65,075 Public Information Officer 100% \$64,998 Health Educator 100% \$76,930 PH Emergency Response Coordinator 100% \$84,001 PHP Manager 100% \$16,139 Senior Epidemiologist 20% \$173,125 Fringe Benefits
2. Contractual/ Consultant	\$ 600	Includes: Media Buy
3. Travel	\$ 16,750	Includes: In-State and Out-of-State Travel
4. Supplies	\$ 71,531	Includes: Office Supplies, Computer/Printer Supplies, Operating supplies for signage and event/exercise preparation, H1N1 Supply Cache-Supplies.
5. Equipment	\$ 0	
6. Other	\$ 13,142	Includes: Telephone service, Postage, Copy Machine, Printing, Books, Publications, Subscriptions, Membership dues, Advertising, Educational Supplies, Membership Dues including: APHA, NPHIC, PRSA, Advertising for PHERC position, Equipment Repair & Maintenance, Incentives, Computer Software, Rental Space/Meeting Rooms and material for public health preparedness workshops.
7. Indirect	\$ 0	
Total Cost	\$ 790,401	

- Health Division policy is to allow no more than 10% flexibility (no more than a cumulative amount of \$79,040), within approved Scope of Work, unless otherwise authorized. Upon reaching the 10% funding adjustment threshold, additional adjustments between categories cannot be made without prior written approval from the Health Division.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

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

- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred, summarizing the total amount and type of expenditures made during the reporting period.
- Requests for Reimbursements will be submitted monthly.
- Submit monthly Requests for Reimbursement no later than 15 days following the end of the month; submit a Request for Reimbursement for activities completed through the month of June no later than July 15, 2010.
- Additional expenditure detail will be provided upon request from the Division.
- The maximum amount of funding available through this subgrant is \$790,401.

Additionally, the subgrantee agrees to provide:

- Provide a copy of all plans developed and all After Action Reports (AAR) for exercises within 45 days of completion.
- Provide a complete financial accounting of all expenditures to the Health Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Health Division at that time, or if not already requested, shall be deducted from the final award.

he Nevada State Health Division agrees:

- Review and approve activities through programmatic and fiscal reports and conduct site visits at the Subgrantee's physical site as necessary.
- Provide reimbursements, not to exceed a total of \$790,401 for the entire subgrant period.
- Provide technical assistance, upon request from the Subgrantee.
- Reserve the right to hold reimbursement under this subgrant until any delinquent forms and reports are submitted and accepted by the Health Division.

Both parties agree:

- Based on the bi-annual narrative progress and financial reporting forms, as well as site visit findings, if it appears to the Health Division that activities will not be completed in time specifically designated in the Scope of Work, or project objectives have been met at a lesser cost than originally budgeted, the Health Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state. This includes but is not limited to:
 - Reallocating funds between the subgrantee's categories, and
 - Reallocating funds to another subgrantee or funding recipient to address other identified PHP priorities, by removing it from this agreement through a subgrant amendment,

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

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

**HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION C
Financial Reporting Requirements**

- ☞ A Request for Reimbursement is due on a **monthly or quarterly** basis, based on the terms of the subgrant agreement, no later than the 15th of the month.
- ☞ Reimbursement is based on **actual** expenditures incurred during the period being reported.
- ☞ Payment will not be processed without all reporting being current.
- ☞ Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.
- ☞ **PLEASE REPORT IN DOLLARS and CENTS, (no rounding).**

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

An explanation of the form is provided below.

A. Approved Budget: List the approved budget amounts in this column by category.

B. Total Prior Requests: List the **total** expenditures for all previous reimbursement periods in this column, for each category, by entering the numbers found on Lines 1-8, Column D on the **previous** Request for Reimbursement/Advance Form. If this is the first request for the subgrant period, the amount in this column equals zero.

C. Current Request: List the **current** expenditures requested at this time for reimbursement in this column, for each category.

D. Year to Date Total: Add Column B and Column C for each category.

. **Budget Balance:** Subtract Column D from Column A for each category.

F. Percent Expended: Divide Column D by Column A for each category and total. Monitor this column; it will help to determine if/when an amendment is necessary. Amendments **MUST** be completed (including all approving signatures) 30 days **prior** to the end of the subgrant period.

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

Nevada Department of Health and Human Services

Health Division # 10068
 Bureau Program # CDC10-09
 GL # 8516
 Draw #: _____

HEALTH DIVISION

REQUEST FOR REIMBURSEMENT / ADVANCE

Program Name: Public Health Preparedness Health Planning & Emergency Response	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite 200 Carson City, NV 89706	Address: 1001 East Ninth Street Reno, NV 89520
Subgrant Period: August 10, 2009 through August 9, 2010	Subgrantee EIN #: 88-6000138 Subgrantee Vendor #: T40283400Q Dun & Bradstreet #: 73786998

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	\$ 688,378.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 688,378.00	0%
2 Contract/Consultant	\$ 600.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 600.00	0%
3 Travel	\$ 16,750.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 16,750.00	0%
4 Supplies	\$ 71,531.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 71,531.00	0%
5 Equipment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
6 Other	\$ 13,142.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 13,142.00	0%
7 Indirect	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
8 Total	\$ 790,401.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 790,401.00	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: _____

_____ al review/approval date: _____ Signed: _____

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

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

**Nevada State Health Division
Public Health Preparedness
Match Certification**

Date: October 13, 2009

External Funding Source: Centers for Disease Control (CDC)- Public Health Emergency Preparedness (PHEP)

A mandatory cost sharing/matching cost contribution is required for the following proposal:

Funding Recipient: Washoe County Health District

Project Title: 2009 CDC Public Health Preparedness and Response for Bioterrorism (PHEP)

Project Grant #: 5U90TP916964-10 (Subgrant # CDC10-09)

Duration: From: August 10, 2009 To: August 9, 2010

Total cost sharing/matching cost contribution: \$25,604

Source of cost sharing/matching cost contribution:

Name: POD volunteer salary savings from 42 different organizations

Account # (if applicable): _____

Funding recipient hereby certifies that the identified cost sharing/matching cost contribution is not being used to match any other funding source.

Eileen Coulombe
Administrative Health Services Officer
Washoe County Health District

Name and Title (Funding Recipient) **Signature** **Date**

Debi Galloway
Management Analyst
Public Health Preparedness, NSHD

Name and Title **Signature** **Date**

Kyle Devine, MSW
Health Program Manager 2
Public Health Preparedness, NSHD

Name and Title **Signature** **Date**

Mary Keating, CPA
Administrative Services Officer IV
Nevada State Health Division

Name and Title **Signature** **Date**

WASHOE COUNTY HEALTH DISTRICT
PUBLIC HEALTH PREPAREDNESS STAFF CERTIFICATION ATTESTING TO TIME (Level of Effort) SPENT ON PHP DUTIES
For the Period August 10, 2009 through August 9, 2010
Subgrant # CDC10-09; Federal Grant # 5U90TP916964-10

I certify that the % of time (level of effort) have stated is true and correct				
Employee Name	Title	% time (level of effort) spent on PHP duties	Employee Signature	Date Certified
Randal Todd	Epidemiology & PHP Director	100.00%		
Jeannie Harris	Administrative Secretary	100.00%		
Judy Davis	Public Information Officer	100.00%		
	Health Educator	100.00%		
	PH Emergency Response Coordinator	100.00%		
Jeff Whitesides	PHP Manager	100.00%		
Lei Chen	Senior Epidemiologist	100.00%		

All duties performed by these employees support the objectives/deliverables of the federal award.

Coulombe	Administrative Health Services Officer, Washoe County Health District		
g Recipient Name	Title	Signature	Date

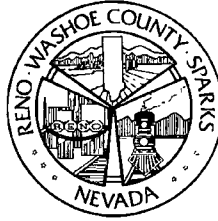
Kafoury, Armstrong & Co., CPA's performed an annual Single Audit of several federal grant programs, which are administered by the Nevada State Health Division for the fiscal year ended June 30, 2008. Included in the audit was the Centers for Disease Control and Prevention, Investigations and Technical Assistance, CFDA 93.283. Finding 8-03: Adequate procedures were not in place at the Nevada State Health Division to ensure costs charged to the Federal Programs (specifically salaries and benefits) were supported by the required documentation and certifications.

As a result of this finding, the Health Division, Public Health Preparedness Program, is requiring all sub-grantees to submit semi-annual time and effort certifications for all employees funded (in whole or in part) by CDC (CFDA # 93.069) or ASPR (CFDA# 93.889) preparedness funds

Pursuant to the CDC BP 10 Grant Guidance:

1) PHEP awardees are required to adhere to all applicable federal laws and regulations, including OMB Circular A-87 and semiannual certification of employees who work solely on a single federal award. Per OMB Circular A-87, compensation charges for employees who work solely on a single federal award must be supported by periodic certifications that the employees worked solely on that program during the certification period.

2) These certification forms must be prepared at least semiannually and signed by the employee or a supervisory official having firsthand knowledge of the work performed by the employee. Awardees must be able to document that the scope of duties and activities of these employees are in alignment and congruent with the intent of the PHEP cooperative agreement to build public health response capacity and to rebuild public health infrastructure in state and local public health agencies. These certification forms must be retained in accordance with 45 Code of Federal Regulation, Part 92.42.



Washoe County Health District

STAFF REPORT BOARD MEETING DATE: 11/19/09

DATE: November 9, 2009

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District ^{pb}
775-328-2418, pbuxton@washoecounty.us

THROUGH: Eileen Coulombe, Administrative Health Services Officer ^{EC}

SUBJECT: Approval of Notice of Subgrant Award from the Nevada State Health Division, Bureau of Health Planning & Emergency Response for the period August 9, 2009 through June 30, 2010 in the total amount of \$409,525 in support of the Public Health Preparedness - Assistant Secretary for Preparedness & Response (ASPR) Grant program; approval of amendments totaling an decrease of \$7,270.69 in both revenue and expense to the adopted FY10 PHP ASPR Grant Program, IO 10708, to bring the FY 10 adopted budget into alignment with the grant; and if approved authorize the Chairman to execute.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

The Washoe County Health District received the Notice of Subgrant Award from the Nevada State Health Division for the period August 9, 2009 through June 30, 2010 in the total amount of \$409,525 in support of the Public Health Preparedness ASPR Grant Program. A copy of the Notice of Subgrant Award is attached.

District Board of Health Priority supported by this item:
Acceptance of this amendment supports the District Board of Health's strategic priority:
Assure that the public health system operates at the highest level of integrity during an all hazards event.

AGENDA ITEM # 7.C.2.

It also supports the Epidemiology and Public Health Preparedness (EPHP) Division's mission to strengthen the capacity of public health infrastructure to detect, assess, and respond decisively to control the public health consequences of bioterrorism events or any public health emergency.

PREVIOUS ACTION

The Board approved the following:

- District Health Officer's acceptance of Subgrant Amendment #1 that extends the term of the grant period for one year, and authorizes expenditures in the amount of \$66,939 through August 8, 2010.
- Notice of Subgrant Award for the period August 9, 2008 through August 8, 2009 in the amount of \$446,266 on September 25, 2008.

BACKGROUND

The Nevada State Health Division has awarded the Public Health Preparedness Program \$409,525 for the period August 9, 2009 through June 30, 2010. Funds will be used to support personnel, travel, other professional services, and operating expenditures (items to include but not limited to: snacks and bottled water for MRC volunteer trainings, lanyards, hats, lapel pins decals, cards for volunteer identification).

This subgrant does not include a current scope of work. Staff is working jointly with the Nevada State Health Division Public Health Preparedness program staff to develop the scope of work.

This budget amendment will also require Board of County Commissioners approval.

FISCAL IMPACT

A budget amendment in the total amount of (\$7,270.69) is necessary to align the budget with the Notice of Subgrant Award. This amendment takes into account actual expenditures for July – August 8, 2009 (previous award) and the amount of authority needed through June 30, 2010. The adjustment in the undesignated budget account (710585) is to account for the indirect revenue budgeted.

Should the Board approve these budget amendments, the adopted FY 10 budget will be **decreased by \$7,270.69 in revenue and expenses** in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-10708-431105	Federal Grants-Indirect	(\$7,270.69)
2002-IO-10708-701412	Salary Adjustment	(\$149.44)
-705360	Benefit Adjustment	(\$710.39)

2002-IO-10708-701150	Contractual Services	21,654.20
-710100	Professional Svcs	(\$54,135.40)
-710210	Software Maintenance	\$12,000.00
-710300	Operating Supplies	(\$6,762.00)
-710334	Copy Machine	\$96.00
-710350	Office Supplies	\$1,900.46
-710355	Books/Subscriptions	46.00
-710360	Postage	(\$58.27)
-710502	Printing	(\$34.00)
-710508	Telephone	1,097.38
-710509	Seminars/Meetings	30.00
-710512	Auto Mileage	21.18
-710585	Undesignated Budget	(\$5,466.00)
-711210	Travel	18,100.00
-711504	Equipment-NonCapital	(\$6,944.41)
-781004	Equipment Capital	12,044.00
	Total Expenditures	(\$7,270.69)

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve Notice of Subgrant Award from the Nevada State Health Division, Bureau of Health Planning & Emergency Response for the period August 9, 2009 through June 30, 2010 in the total amount of \$409,525 in support of the Public Health Preparedness - Assistant Secretary for Preparedness & Response (ASPR) Grant program; approve amendments totaling an decrease of \$7,270.69 in both revenue and expense to the adopted FY10 PHP ASPR Grant Program, IO 10708, to bring the FY 10 adopted budget into alignment with the grant; and if approved authorize the Chairman to execute.

POSSIBLE MOTION

Move to approve Notice of Subgrant Award from the Nevada State Health Division, Bureau of Health Planning & Emergency Response for the period August 9, 2009 through June 30, 2010 in the total amount of \$409,525 in support of the Public Health Preparedness - Assistant Secretary for Preparedness & Response (ASPR) Grant program; approve amendments totaling an decrease of \$7,270.69 in both revenue and expense to the adopted FY10 PHP ASPR Grant Program, IO 10708, to bring the FY 10 adopted budget into alignment with the grant; and if approved authorize the Chairman to execute.

HEALTH DIVISION

(hereinafter referred to as the DIVISION)

NOTICE OF SUBGRANT AWARD

Program Name: Public Health Preparedness Bureau of Health Statistics, Planning and Emergency Response Nevada State Health Division		Subgrantee Name: Washoe County Health District (WCHD)	
Address: 4150 Technology Way, Suite #200 Carson City, NV 89706-2009		Address: 1001 East Ninth Street Reno, Nevada 89520	
Subgrant Period: August 9, 2009 through June 30, 2010		Subgrantees: EIN#: 88-6000138 Vendor#: T40283400Q Dun & Bradstreet #: 073786998	
Reason for Award: FY 09 ASPR Hospital Preparedness Program			
County to be served: () Statewide (X) Specific county or counties: Washoe County			
Approved Budget Categories:			
1. Personnel	\$	165,158	
2. Contractual/Consultant	\$	83,961	
Travel	\$	35,100	
Supplies	\$	10,906	
5. Equipment	\$	95,699	
6. Other	\$	2,350	
7. Indirect	\$	16,881	
Total Cost		\$	409,525
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 \$409,525 during the subgrant period.			
Source of Funds:		% of Funds:	CFDA#:
1. ASPR Hospital Preparedness Program		100%	93.889
			Federal Grant #: 1 U3REP090220-01-00
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.			
Jeff Whitesides, Public Health Preparedness Manager	Signature		Date
Jennifer Dunaway, Health Program Manager	Jennifer Dunaway		11/18/09
le Devine, MSW Health Program Manager II	Rgh Devine		10/22/09
Richard Whitley, MS Administrator, Health Division	me		

HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION A
Assurances

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

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

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

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

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

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

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

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

Description of services, scope of work, deliverables and reimbursement

Washoe County Health District (WCHD), hereinafter referred to as Subgrantee, agrees to provide the following services and reports according to the identified timeframes:

- Create a work plan to be used as the Final Scope of Work for this Subgrant with the guidance from the Nevada State Health Division, Public Health Preparedness. This work plan will include specific measureable objectives, activities to be conducted by WCHD to accomplish the objectives, timelines, and tracking measures to ensure the successful achievement of federal grant objectives.
 - WCHD should use the work plan from the previous Subgrant (#ASPR05-08) and update to reflect those activities that have not yet been completed. Please find that work plan attached.
 - WCHD will customize the remaining measureable objectives and activities, provide a timeline for completion of the activities and tracking measures.
 - This customized work plan will be submitted to the Nevada State Health Division no later than October 30, 2009 for inclusion in Section B of this Subgrant and will be considered the Final Scope of Work for this Subgrant.
- Submit written progress reports to the Health Division electronically on or before:
 - January 11, 2010, Mid-Year Progress Report (for the period of 8/9/09-12/31/09)
 - August 30, 2010, End-of-Year Progress Report (for the period of 1/1/10-6/30/10).
- Additional information may be requested by the Health Division, as needed, due to evolving state and federal reporting requirements.
- Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Health Division through Grant Number 1 U3REP090220-01-00 from the Assistant Secretary for Preparedness and Response (ASPR). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada State Health Division or the Assistant Secretary for Preparedness and Response (ASPR)."
- Any activities performed under this subgrant shall acknowledge the funding was provided through the State Health Division by Grant Number 1 U3REP090220-01-00 from the Assistant Secretary for Preparedness and Response (ASPR).

(continued on next page)

Subgrantee agrees to adhere to the following budget:

1. Personnel	\$ 165,158	\$ 6,280 Healthcare Systems Liaison 10% \$59,661 Public Health ER Response Coordinator 95% \$58,005 MRC Coordinator 100% \$41,212 Fringe
5. Contractual Consultant	\$ 83,961	Includes: Health Program Specialist I, WebEOC consulting services, Washoe County Medical Examiner's Office mass fatality consulting services, MRC Media Buy, MRC Volunteer Training, and Clerical Assistant P/T, Temporary seasonal data entry personnel
2. Travel	\$ 35,100	In-State and Out-of-State Travel
3. Supplies	\$ 10,906	Includes: Office supplies for NIMS/HICS and HSEEP training, General office, printing, meeting and training supplies, MRC Program supplies, books and subscriptions, operation supplies for training and events, MRC Volunteer recruitment
4. Equipment	\$ 95,699	Includes: Printer, WebEOC annual maintenance fee, Communication equipment, equipment for hospitals medical evacuation/shelter, Dual monitors (x4)
6. Other	\$ 2,350	Includes: Postage, Website Hosting, Long Distance/Conference Call Charges, Cell Phone Service, Telephone Service, Copy Machine Costs, Printing flyers, handouts and other training materials for NIMS/HICS and HSEEP training, MRC recruitment materials.
7. Indirect	\$ 16,351	9.9% Personnel and Fringe
Total Cost	\$ 409,525	

- Health Division policy is to allow no more than 10% flexibility (no more than a cumulative amount of **\$40,953** within approved Scope of Work, unless otherwise authorized. Upon reaching the 10% funding adjustment threshold, additional adjustments between categories cannot be made without prior written approval from the Health Division. Changes to the Scope of Work cannot be made without prior approval from the Health Division and the Federal funding agency.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.

- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

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

- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred, summarizing the total amount and type of expenditure made during the reporting period.
- Requests for Reimbursements will be submitted monthly.
- Submit monthly Requests for Reimbursement no later than 15 days following the end of the month; submit a Request for Reimbursement for activities completed through the month of June no later than July 15, 2010.
- Additional expenditure detail will be provided upon request from the Health Division.
- The maximum amount of funding available through this subgrant is \$409,525.

Additionally, the Subgrantee agrees to provide:

- Provide a copy of all plans developed and all After Action Reports (AAR) for exercises within 45 days of completion.
- Provide a complete financial accounting of all expenditures to the Health Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Health Division at that time, or if not already requested, shall be deducted from the final award.

The Nevada State Health Division agrees:

- Review and approve activities through programmatic and fiscal reports and conduct site visits at the subgrantee's physical site as necessary.
- Provide reimbursements, not to exceed a total of \$409,525 for the entire subgrant period.
- Provide technical assistance, upon request from the Subgrantee.
- The Health Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Health Division.

Both parties agree:

Based on the bi-annual narrative progress and financial reporting forms, as well as site visit findings, if it appears to the Health Division that activities will not be completed in time specifically designated in the Scope of Work, or project objectives have been met at a lesser cost than originally budgeted, the Health Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state. This includes but is not limited to:

- Reallocating funds between the subgrantee's categories, and

- Reallocating funds to another subgrantee or funding recipient to address other identified PHP priorities, by removing it from this agreement through a subgrant amendment,

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

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Health Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION C
Financial Reporting Requirements**

- ☞ A Request for Reimbursement is due on a **monthly** basis, based on the terms of the subgrant agreement, no later than the 15th of the month.
- ☞ Reimbursement is based on **actual** expenditures incurred during the period being reported.
- ☞ Payment will not be processed without all reporting being current.
- ☞ Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.
- ☞ **PLEASE REPORT IN DOLLARS and CENTS (No Rounding)**

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

An explanation of the form is provided below.

A. Approved Budget: List the approved budget amounts in this column by category.

B. Total Prior Requests: List the **total** expenditures for all previous reimbursement periods in this column, for each category, by entering the numbers found on Lines 1-8, Column D on the **previous** Request for Reimbursement/Advance Form. If this is the first request for the subgrant period, the amount in this column equals zero.

C. Current Request: List the **current** expenditures requested at this time for reimbursement in this column, for each category.

. **Year to Date Total:** Add Column B and Column C for each category.

E. Budget Balance: Subtract Column D from Column A for each category.

F. Percent Expended: Divide Column D by Column A for each category and total. Monitor this column; it will help to determine if/when an amendment is necessary. Amendments **MUST** be completed (including all approving signatures) 30 days **prior** to the end of the subgrant period.

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

Nevada Department of Health and Human Services

Health Division # 10069
 Bureau Program # ASPR07-09
 GL # 8516
 Draw #: _____

HEALTH DIVISION

REQUEST FOR REIMBURSEMENT / ADVANCE

Program Name: Public Health Preparedness Health Planning & Emergency Response	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite 200 Carson City, NV 89706	Address: 1001 East Ninth Street Reno, NV 89520
Subgrant Period: August 9, 2009 through August 8, 2010	Subgrantee EIN #: 88-6000138 Subgrantee Vendor #: T40283400Q Dun & Bradstreet #: 073786998

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	\$ 165,158.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 165,158.00	0%
5 Contract/Consultant	\$ 83,961.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 83,961.00	0%
2 Travel	\$ 35,100.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 35,100.00	0%
3 Supplies	\$ 10,906.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 10,906.00	0%
4 Equipment	\$ 95,699.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 95,699.00	0%
6 Other	\$ 2,350.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,350.00	0%
7 Indirect	\$ 16,351.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 16,351.00	0%
8 Total	\$ 409,525.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 409,525.00	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/back-up. Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.

FOR HEALTH DIVISION USE ONLY

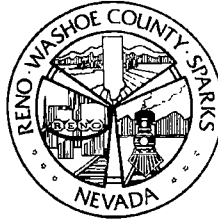
Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

iscal review/approval date: _____ Signed: _____

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

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



Washoe County Health District

STAFF REPORT
BOARD MEETING DATE: 11/19/09

DATE: November 9, 2009

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, District Health Department *PB*
 775-328-2418, pbuxton@washoecounty.us

THROUGH: Eileen Coulombe, Administrative Health Services Officer *EC*

SUBJECT: Ratification of Notice of Subgrant Award issued to Planned Parenthood Mar Monte pertaining to the Street Smart program for the period January 1, 2010 through December 31, 2011 in the total amount of \$190,000, or \$95,000 per calendar year; and if approved authorize the Chairman to execute.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

District Board of Health Priority supported by this item:

Ratification of this Notice of Subgrant Award supports the District Board of Health's strategic priority: *Experience a low rate of communicable disease*. It also supports the Sexual Health Program's mission to provide comprehensive prevention education, treatment, and surveillance activities in Washoe County that reduce the incidence of STD infection including HIV. The Sexual Health Program emphasizes strategies that empower individuals to decrease risk-related behaviors, thereby decreasing the incidence of new STD and HIV infections in the community.

PREVIOUS ACTION

The Board approved a Notice of Subgrant Award issued to Planned Parenthood Mar Monte pertaining to the Street Smart Program for the period January 1, 2008 through December 31, 2009 in the total amount of \$190,000, or \$95,000 per calendar year on December 13, 2007.

AGENDA ITEM #7.C.3.

BACKGROUND

The Washoe County Health District is anticipating receiving a continuation Notice of Subgrant Award from the Nevada State Health Division that allows pass through funding to non-profit and governmental agencies.

The following information provided by Sexual Health program staff:

As fiscal agent for the NVHD's Bureau of Community Health HIV Prevention Program, the WCHD administers HIV prevention funding from the Centers for Disease Control and Prevention (CDC). The WCHD is responsible for the fiscal and programmatic oversight of subgrants issued to community agencies including: the solicitation, review, and selection of local direct service contractors; establishing and monitoring contracts between the WCHD and selected organizations; and quality assurance. The WCHD reports oversight activities to the NVHD. These activities support a majority of the Essential Public Health functions:

- Monitor health status to identify and solve community health problems.
- Diagnose and investigate health problems and health hazards in the community.
- Inform, educate, and empower people about health issues.
- Mobilize community partnerships and action to identify and solve health problems.
- Develop policies and plans that support individual and community health efforts.
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
- Assure competent public and personal health care workforce.
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
- Research for new insights and innovative solutions to health problems.

The purpose of these funds is to provide primary or secondary prevention programs targeting populations at high-risk of contracting or transmitting HIV. Interventions targeting one or more of these priority populations work to lower individual's risk of acquiring or transmitting HIV. For interventions targeting HIV positive individuals, the intent of secondary prevention is to reduce the risk of transmitting HIV and/or reduce the risk of progression of disease. Interventions must be evidence-based, meaning the intervention has been studied rigorously for effectiveness and ability to be replicated in settings outside of

research institutions. Programs deemed effective and evidence-based by the CDC are required to be implemented. This is upon directive from the NVHD and strong recommendation from the CDC. Reinforcement of this recommendation is made in the Nevada State HIV Prevention Plan. CDC endorsed evidence-based interventions can be reviewed at www.effectiveinterventions.org.

The Northern Nevada HIV Planning Council (NNPC), of which WCHD is a member and staff resource, is responsible for establishing service priorities for use of CDC HIV prevention funds and developing a comprehensive plan for the organization and delivery of HIV prevention services in Northern Nevada. As stated in the 2006-2008 Nevada Comprehensive HIV Prevention Plan, the four (4) priority populations in Northern Nevada are:

1. HIV Positive Individuals
2. Men Who Have Sex With Men (MSM)
3. Substance Abusers/Users
4. Sexually Active Heterosexuals

Local indicators related to HIV infection, specifically co-morbidities of other sexually transmitted disease and demographic characteristics of recent HIV and AIDS cases in Northern Nevada, were analyzed to determine how to best focus prevention resources. Using the four priority populations as a guide, the following subpopulations listed below were chosen to be targeted with this funding. All HIV prevention funded interventions must target at least one of the subpopulations listed with an evidence-based intervention that has been proven effective to reach the specific population. The proposed interventions must meet a clearly defined unmet need.

Priority Population:	Subpopulation:
HIV+	All
MSM	General
	Youth
Sexually Active Heterosexuals	Of Color
	Women
	Youth

To distribute funds, a Request for Applications (RFA) was produced based on previous RFAs, reviews of other jurisdiction's processes, and intensive community feedback. Members of the NNPC spent a considerable amount of time reviewing the document to ensure that appropriate target populations, methods of service delivery, applicant expectations, and commitment to a fair and objective process were maintained. Eligibility to apply for funds was opened to "...governmental agencies and tax exempt public and private non-profit organizations that will be carrying out model, evidence-based interventions that address human service needs in

Northern Nevada; this excludes Clark, Nye, Lincoln and Esmeralda counties...”¹ WCHD staff (CCHS and Administrative Health Services), Washoe County Risk Management and the DHD’s assigned Deputy District Attorney then reviewed the RFA.

Dissemination of the RFA increased over activities in previous funding cycles. Traditional routes included postings of public notice and advertisements in Northern Nevada newspapers over a two-week period. The posting notice was provided to the Planning Council, posted on the DHD’s web page, and sent to various email list serves (refer to table).

Distribution Points
Elko Daily Free Press
Human Services Network Listserve
Humboldt Sun
Lahonton Valley News
Nevada Public Health Association
Northern Lake Tahoe Bonanza
Northern Nevada Business Weekly
Northern Nevada HIV Planning Council
Northern Nevada Outreach Team
Reno Gazette Journal
Sierra Sun
Sparks Tribune
Intelligent Fire Faith Based Listserve
Tahoe Daily Tribune
Tahoe Daily Tribune
Tahoe World
The Ely Times
The Record-Courier
Washoe County Chronic Disease Coalition
WCHD Website Frontpage

Letters of Intent to apply were required and received from African-American Community Cultural Education Programs & Trainings (ACCEPT), Nevada Hispanic Services (NHS), Northern Nevada HOPES (HOPES), the Northern Nevada Outreach Team (NNOT), and Planned Parenthood Mar Monte (PPMM). Applications were received from ACCEPT, NHS, HOPES and PPMM. An Applicants’ Workshop was provided to agencies for thorough review the RFA, an overview of the entire funding process, and to provide technical assistance to applicants. Ongoing assistance was provided throughout the application process, with each question and answer sent out to all applicants.

¹ Washoe County Health District. Request for Applications (RFA) for Calendar Years 2010-2011, RFA Title: HIV Prevention Services Grants. p. 1.

An internal Technical Review Committee and an outside Grant Review Committee reviewed the proposals. The Grant Review Committee was comprised of four individuals from various community organizations, public health (local and federal level perspectives), accounting, and administrative fields. WCHD staff *facilitated* the Grant Review Committee but did not serve on the committee. Proposals were scored and ranked based on criteria specified in the RFA. The two highest scoring programs were selected to receive funding in calendar years 2010 and 2011.

The WCHD's HIV Prevention program has awarded Planned Parenthood Mar Monte (PPMM) a contract to fund the Street Smart program, an intensive small group intervention to prevent HIV/AIDS and other sexually transmitted infections among high risk youth ages 12-24 years, with a focus on youth of color. This intervention is funded to reach 100 unduplicated participants during each calendar year, and at least 2500 outreach contacts per year. A total of 200 Street Smart unduplicated participants and 5000 outreach contacts will be reached throughout the two-year funding period.

During the current funding period (CY 2008-2009), more than 40% of the youth reached were youth of color. In addition, the youth that participated in evaluation during the first half of CY2009 reported high-risk behaviors that may facilitate HIV or STD infection or transmission²:

- *The majority of participants reported baseline behaviors that increase their risk of contracting HIV: 85.4% have used alcohol or drugs, 62.5% have engaged in sexual activity, and 41.7% have had sex while drunk or high.*
- *40 of the 48 participants surveyed reported alcohol or drug use. 83.3% reported using alcohol, 66.7% marijuana, 31.3% Ecstasy, 22.9% cocaine, 22.9% hallucinogens, 14.5% methamphetamines, and 4.2% heroin.*
- *The majority of participants are sexually active. 62.5% reported having had vaginal, anal, or oral sex.*

Outcomes from evaluation of the currently funded Street Smart intervention indicate that participants are gaining knowledge and skills that will facilitate prevention of HIV and STDs with regard to current and future behaviors:

- *PPMM exceeded this goal with over 70% of participants reporting their intent to use condoms in the future. At post-test evaluation 87% of females and 77% of males reported being "likely" or "very likely" to use a condom during vaginal sex. 80.6% of females and 77% of males reported being "likely" or "very likely" to carry a condom in the future.*
- *73% of females and 60% of males improved their knowledge from pre-to-post.*

Nevada Hispanic Services (NHS) has been awarded a contract to fund the VOCES intervention that will provide small group education and skill building to 720 unduplicated Hispanic MSM and sexually active heterosexuals throughout the two-year funding period. Based on previous

² PPMM, Street Smart 2009 Mid-Year Report.

implementation and experience of the subject matter within the populations, NHS will focus on reaching the following objectives:

- *At least 60% of individuals who evaluate the VOCES program will report an increase in knowledge in HIV prevention.*
- *At least 60% of individuals who evaluate the VOCES program will indicate that they intend to change their behavior to reduce their risk for HIV.*
- *At least 40% of individuals who evaluate the VOCES program will report the intent to use a condom the next time they engage in sexual activity.*
- *At least 50% of individuals who evaluate the VOCES program will report the intent to get an HIV test.*

Oversight of the interventions and funded agencies takes place through submission of reimbursement requests, progress reports, site-visits, community feedback, and participation in the CDC mandated Program Evaluation and Monitoring System (PEMS). The Administrative and CCHS divisions of WCHD work together to provide the fiscal and programmatic oversight, as well as ongoing technical assistance to the organizations. This comprehensive process ensures fidelity to the intervention model and guidance to facilitate the objective, transparent, and fair process that has been established.

A copy of the Notice of Subgrant Award for Planned Parenthood Mar Monte is attached.

The Resolution authorizing grant of funds to Planned Parenthood Mar Monte and the approval of the purchase requisition that accompanies this contract will require Board of County Commissioners approval.

FISCAL IMPACT

Should the Board approve this Notice of Subgrant Award, there will be no additional impact to the adopted FY 10 budget as expenses for this contract were anticipated and projected in the HIV Prevention Grant Program (IO-10013) under account 710119, Subrecipient Payments.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health ratify the Notice of Subgrant Award issued to Planned Parenthood Mar Monte pertaining to the Street Smart program for the period January 1, 2010 through December 31, 2011 in the total amount of \$190,000, or \$95,000 per calendar year; and if approved authorize the Chairman to execute.

POSSIBLE MOTION

Move to ratify the Notice of Subgrant Award issued to Planned Parenthood Mar Monte pertaining to the Street Smart program for the period January 1, 2010 through December 31, 2011 in the total amount of \$190,000, or \$95,000 per calendar year; and if approved authorize the Chairman to execute.

Washoe County Health District

NOTICE OF SUBGRANT AWARD

Program Name: HIV Prevention Program/Fiscal Agent Division of Community and Clinical Health Services (CCHS) Washoe County Health District	Subgrantee Name: Planned Parenthood Mar Monte (PPMM)
Address: 1001 East Ninth Street Reno NV 89520	Address: 1691 The Alameda San Jose, CA 95126
Subgrant Period: January 1, 2010 to December 31, 2011	Subgrantee EIN#: Subgrantee Vendor#: 103889

Reason for Award: Street Smart Program
 PPMM will continue the implementation of the Street Smart program in Northern Nevada. Street Smart targets youth (ages 12-18) who are at increased risk of HIV due to having one or more of the following risk factors: substance abuse, early sexual activity, men who have sex with men (MSM), or involvement with the juvenile justice system.

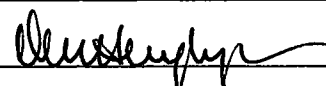
Budget Categories	CY 2010	CY 2011	Subgrant period total
Approved cost categories			
1. Personnel	\$79,247	\$79,247	\$158,494
2. Travel	\$1,545	\$1,545	\$3,090
3. Supplies	\$1,600	\$1,600	\$3,200
4. Equipment	\$0	\$0	\$0
5. Contractual	\$0	\$0	\$0
6. Other	\$4,683	\$4,683	\$9,366
Total Direct Cost	\$87,075	\$87,075	\$174,150
Indirect Cost	\$7,925	\$7,925	\$15,850
Total Costs	\$95,000	\$95,000	\$190,000

Disbursement of funds will be as follows:
 Payment will be made upon receipt of an invoice specifically requesting payment for the PPMM - Street Smart Program. Reimbursement will not exceed \$95,000 for CY 2010, \$95,000 for CY 2011, for a grant total not to exceed **\$190,000** for the subgrant period.

Source of Funds:	CFDA#	Federal Grant #:
1. Centers for Disease Control and Prevention (CDC)	93.940	TBA

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, C and D of this subgrant award.

Authorized Sub-Recipient Official	Signature	Date
Linda Williams President and CEO		
Mary-Ann Brown CCHS Division Director		
Eileen Coulombe Administrative Health Services Officer		
Denis Humphreys, OD Chairman, District Board of Health		11/18/09

**WASHOE COUNTY HEALTH DISTRICT (WCHD)
NOTICE OF SUBGRANT AWARD
SECTION A**

Description of services, deliverables and reimbursement

Calendar Year 2010

Goal 1: To provide the Street Smart intervention to sexually active heterosexuals and men who have sex with men (MSM) ages 12-24 ("youth") in Washoe County and the surrounding counties.

Objective 1.1: By December 31, 2010, PPMM will conduct outreach to at least 2500 youth.

Objective 1.2: By December 31, 2010, PPMM will provide single session Street Smart workshops to 100 unduplicated youth.

Objective 1.3: By December 31, 2010, PPMM will provide the 8 session Street Smart curriculum to 100 unduplicated youth.

Objective 1.4: By December 31, 2010, at least 90% of Street Smart participants will be identified as sexually active heterosexuals.

Objective 1.5: By December 31, 2010, at least 10% of Street Smart participants will be identified as MSM.

Objective 1.6: By December 31, 2010, at least 40% of Street Smart participants will be identified as youth of color.

Goal 2: To reduce sexual and substance abuse risk behaviors among Street Smart participants.

Objective 2.1: By December 31, 2010, 60 unduplicated Street Smart participants will complete a minimum of 6 sessions including pre and post evaluation.

Objective 2.2: By December 31, 2010, 70% of individuals who evaluate the Street Smart program will increase their knowledge of HIV transmission.

Objective 2.3: By December 31, 2010, 70% of individuals who evaluate the Street Smart program will report intent to increase protective factors.

Objective 2.4: By December 31, 2010, 100% of Street Smart participants will be referred for HIV testing.

Objective 2.5: By June 30, 2010, a baseline will be established of the percent of individuals who evaluate the Street Smart program that report the intent to get an HIV test.

Goal 3: To collect, analyze, and disseminate evaluation data related to the Street Smart intervention in Northern Nevada.

Objective 3.1: PPMM will complete and submit progress reports, using the template supplied by the WCHD, as follows:

- 1st quarter report due by April 16, 2010
- Mid-year report due by July 16, 2010
- Annual report due by January 14, 2011

Objective 3.2: PPMM will provide reports to the Northern Nevada HIV Planning Council (NNPC) at each NNPC meeting using the report format approved by NNPC. Electronic copies of the reports will be emailed to WCHD staff within one day following the NNPC meeting.

Objective 3.3: By December 31, 2010, PPMM will collect process-monitoring data for each Street Smart participant as required by the Nevada State Health Division (NSHD) and the CDC.

Objective 3.4: By December 31, 2010, PPMM will participate in the intervention baseline data entry, ongoing intervention data entry, and implementation of the CDC's Program Monitoring and Evaluation System (PEMS) including data submission deadlines as set forth by WCHD and NSHD.

Calendar Year 2011

Goal 1: To provide the Street Smart intervention to sexually active heterosexuals and men who have sex with men (MSM) ages 12-24 ("youth") in Washoe County and the surrounding counties.

Objective 1.1: By December 31, 2011, PPMM will conduct outreach to at least 2500 youth.

Objective 1.2: By December 31, 2011, PPMM will provide single session Street Smart workshops to 100 unduplicated youth.

Objective 1.3: By December 31, 2011, PPMM will provide the 8 session Street Smart curriculum to 100 unduplicated youth.

Objective 1.4: By December 31, 2011, at least 90% of Street Smart participants will be identified as sexually active heterosexuals.

Objective 1.5: By December 31, 2011, at least 10% of Street Smart participants will be identified as MSM.

Objective 1.6: By December 31, 2011, at least 40% of Street Smart participants will be identified as youth of color.

Goal 2: To reduce sexual and substance abuse risk behaviors among Street Smart participants.

Objective 2.1: By December 31, 2011, 60 unduplicated Street Smart participants will complete a minimum of 6 sessions including pre and post evaluation.

Objective 2.2: By December 31, 2011, 70% of individuals who evaluate the Street Smart program will increase their knowledge of HIV transmission.

Objective 2.3: By December 31, 2011, 70% of individuals who evaluate the Street Smart program will report intent to increase protective factors.

Objective 2.4: By December 31, 2011, 100% of Street Smart participants will be referred for HIV testing.

Objective 2.5: By December 31, 2011, the baseline percentage established in 2010 of individuals who evaluate the Street Smart program will report the intent to get an HIV test.

Goal 3: To collect, analyze, and disseminate evaluation data related to the Street Smart intervention in Northern Nevada.

Objective 3.1: PPMM will complete and submit progress reports, using the template supplied by the WCHD, as follows:

Mid-year report due by July 15, 2011

Two-year comprehensive report due by January 13, 2012

Objective 3.2: PPMM will provide reports to the Northern Nevada HIV Planning Council (NNPC) at each NNPC meeting using the report format approved by NNPC. Electronic copies of the reports will be emailed to DHD staff within one day following the NNPC meeting.

Objective 3.3: By December 31, 2011, PPMM will collect process-monitoring data for each Street Smart participant as required by the NSHD and the CDC.

Objective 3.4: By December 31, 2011, PPMM will participate in the intervention baseline data entry, ongoing intervention data entry, and implementation of the CDC's Program Monitoring and Evaluation System (PEMS) including data submission deadlines as set forth by WCHD and NSHD.

Subgrantee agrees to:

1. Submit all required reports and forms (except "bubble sheets"), via email, to the HIV Program Coordinator and Administrative Assistant.
2. Comply with WCHD policies regarding the purchase, use, and accounting of cash-equivalent incentives.
3. Comply with and provide proof that fingerprinting and a background check have been performed on individuals working with juveniles in the State of Nevada (NRS 179.A.210, NRS 239.B.010).
4. Comply with and provide proof of industrial and liability insurance as discussed in Exhibit A (attached hereto and incorporated herein by this reference).
5. Indemnify, hold harmless, and defend the WCHD, its officers, agents and employees as set forth in the Insurance/Hold Harmless Requirements for Non-Profit Agencies, Exhibit A.
6. Follow the "Special Conditions" of this grant award:

Special Conditions: In addition to the established services and deliverables listed above, subrecipients shall incorporate efforts into their existing activities to reach Northern Nevada's priority populations and subpopulations identified in the 2006-2008 Nevada Comprehensive HIV Prevention Plan:

Priority Population:	Subpopulation:
HIV+	All
MSM	General
	Youth
Sexually Active Heterosexuals	Of Color
	Women
	Youth

Subrecipients should list specific efforts to meet these conditions in required reporting documents.

	CY 2010	CY 2011	Subgrant Total	
Personnel	\$79,247	\$79,247	\$158,494	40% of one 1.0 FTE Program Manager, 45% of two 1.0 FTE Educators, 15% of one 1.0 FTE Program Assistant; Personnel includes fringe benefits @ 32.7%
Travel	\$1,545	\$1,545	\$3,090	To include auto mileage, registration and travel associated with trainings.
Supplies	\$1,600	\$1,600	\$3,200	To include education materials, office and contraceptive supplies.
Equipment	\$0	\$0	\$0	
Contractual	\$0	\$0	\$0	
Other	\$4,683	\$4,683	\$9,366	To include rent, telephone, equipment repair/maintenance and participant incentives. Incentives: Nutritional snacks for group meetings – 8 sessions x 10 groups x \$20/each = \$1,600; gift cards – 60 youth x \$20/each = \$1,200

Total Direct Costs	\$87,075	\$87,075	\$174,150
Indirect Costs	\$7,925	\$7,925	\$15,850
Total Costs	\$95,000	\$95,000	\$190,000

The WCHD will:

1. Provide technical assistance upon written request from the subgrantee. The WCHD will not provide technical assistance that duplicates activities funded under this subgrant.
2. Provide timely reimbursements when furnished with proper supporting documentation.
3. To the extent authorized by law, indemnify, hold harmless, and defend PPMM, its officers, agents and employees, from and against any demands, claims, liabilities, and damages of any kind or nature arising out of the negligent acts, errors and omissions of WCHD staff.

Both parties agree:

1. Reimbursements for the actual expenses incurred related to the Scope of Work during the subgrant period will be made on a monthly basis using the forms provided by the WCHD.
2. Fiscal Reports including documentation supporting all expenditures for the previous month must accompany all reimbursement requests.
3. Reimbursement requests will be submitted within ten (10) calendar days following the end of each month.
4. The Washoe County Health District will conduct at least one annual site visit with the subgrantee, including a programmatic and fiscal review of any and all relevant material pertaining to this subgrant.

The WCHD reserves the right to hold reimbursement under this subgrant until any delinquent forms are filed.

Within twenty (20) days of the CLOSE OF THE SUBGRANT PERIOD, a complete financial accounting of all expenditures shall be submitted to the WCHD. Any unobligated funds shall be returned to the WCHD, or if not already requested, shall be deducted from the final award.

The parties acknowledge that they are subject to the provisions of the Health Insurance Portability and Accountability Act (HIPAA) and the regulations promulgated thereunder, pertaining to the maintenance, handling, retention, confidentiality and availability of records and data containing protected health information, as that term is defined by 45 C.F.R. § 164.501. It is agreed that in addition to maintaining such records and data in accordance with HIPAA and any more restrictive provision of state law, including but not limited to, Chapters 441A of the Nevada Revised Statutes and the Nevada Administrative Code, the parties will require that any employee, contractor or agent who may have access to the records and data provide comparable protections to those provided by the parties.

Approval of Subgrant budget by the Washoe County Health District constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Transfer of funds without written prior approval from the Washoe County Health District is not allowed under the terms of this Subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.

PPMM acknowledges that this Notice of Subgrant Award is contingent upon the appropriation of federal grant funds to the WCHD to support the activities described herein and that the Notice of Subgrant Award will terminate by operation of law if the appropriation of funds does not occur. In this event, the WCHD will provide PPMM with immediate written notice of the non-appropriation, directed to Linda Williams, President and Chief Executive Officer.

In the event of any termination, all property and finished or unfinished documents, data, studies, and reports purchased or prepared by Planned Parenthood Mar Monte under this Agreement shall be disposed of according to WCHD directives.

If Planned Parenthood Mar Monte prepares, publishes or distributes any brochure, periodical or other publication, the costs of which are funded at least in part by the Agreement, then any such publication shall contain a prominently displayed statement to that effect ["This agency and its programs are funded, in whole or in part, by contracts with the Centers for Disease Control and Prevention through the Nevada State Health Division and the Washoe County Health District"].

This subgrant may be TERMINATED by either party, provided the termination shall be not 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. Upon such notice of termination, the Washoe County Health District may require Planned Parenthood Mar Monte to ensure that adequate arrangements have been made for the transfer of performance required under this Agreement to another Provider or to the Washoe County Health District, including the reasonable payments of any costs involved out of compensation otherwise due PPMM. Planned Parenthood Mar Monte may assign and transfer this Agreement only with the prior written approval of the District Health Officer.

The Washoe County District Board of Health must approve the Notice of Subgrant Award prior to execution. The Washoe Board of County Commissioners must approve the Purchase Requisition and Resolution prior to execution.

This Agreement supersedes all oral agreements, negotiations and representations pertaining to the particular services in the Agreement for the period of performance specified in said AGREEMENT.

WCHD
NOTICE OF SUBGRANT AWARD
SECTION B
Assurances – Non-Construction Programs

As a condition of receiving subgranted funds from the WCHD, the Subgrantee agrees to the following conditions:

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Agrees grant funds may not be used for other than the awarded purpose. In the event subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the WCHD.
4. Agrees the expenditure of subgrant funds in excess of approved budgeted amount, without prior written approval by the WCHD may result in the subgrantee refunding to the WCHD that amount expended in excess of the approved budget.
5. Approval of subgrant budget by the WCHD constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Transfer of funds between budgeted categories without written prior approval from the WCHD is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
6. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
7. Certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.
8. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
9. Agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The WCHD reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally

or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.

10. Agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a) any federal, state, county or local agency, legislature, commission, counsel or board;
 - b) any federal, state, county or local legislator, commission member, counsel member board member or other elected official; or
 - c) any officer or employee of any federal, state, county or local agency, legislature, commission, counsel or board.
11. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L.88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, (f) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (g) the requirements of any other nondiscrimination statute(s) which may apply to the application, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS related conditions).
12. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
13. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801 et seq.), which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
14. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
15. Insofar as subgrantee and the activities conducted hereunder are subject to the provisions of the Health Insurance Portability and Accountability Act and the regulations promulgated thereunder (hereinafter HIPAA), pertaining to the maintenance, handling, retention, confidentiality and availability of records and data containing protected health information, as that term is defined by 45 C.F.R. § 164.501, subgrantee agrees to maintain such records and data in accordance therewith, and in accordance with any more restrictive provision of state law, including but not limited to, chapters 441A of the Nevada Revised Statutes and the Nevada Administrative Code. Additionally, subgrantee will require that any employee, contractor or agent who may have access to the records and data provide comparable protections to those provided by the subgrantee.

Signature of Authorized Certifying Official	Title
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Applicant Organization	Date Submitted
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**WCHD
NOTICE OF SUBGRANT AWARD
SECTION C**

Retention of Subgrant Records and Audit Requirements

Retention of Subgrant Records

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

Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:

- a) Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Health Services Officer at the WCHD. Records may be destroyed by the subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the WCHD.
- b) In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

Planned Parenthood Mar Monte shall prepare and retain, and permit representatives of the Washoe County Health District, or other appropriate state or federal agencies or its designees to inspect as they deem necessary for grant audit and reimbursement purposes, property, personnel, medical (client) and financial records of PPMM as well as other records that may be required.

Audit Requirements

WCHD subgrants are subject to inspection and audit by representatives of the WCHD, or other appropriate state or federal agencies to:

- a) verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
- b) ascertain whether policies, plans and procedures are being followed;
- c) provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
- d) determine reliability of financial aspects of the conduct of the project.

Any audit of Subgrantee's expenditures will be performed in accordance with generally accepted auditing standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the WCHD, as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised October 1997], that each grantee annually expending \$500,000 or more in federal funds have an audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A copy of the final audit report must be sent to the WCHD, Attn: Administrative Health Services Officer, 1001 East Ninth Street, Reno, NV 89520.

Subgrantees expending less than \$500,000 in federal funds annually are exempt from the above mentioned audit requirements and may not use awarded funds to support the cost of an audit in either part or full unless a limited scope audit has been specifically approved in writing by the WCHD.

Final reports of expenditures are accepted by the WCHD, SUBJECT TO AUDIT.

WCHD
NOTICE OF SUBGRANT AWARD
SECTION D
Certifications

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals;

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion—Lower Tier Covered Transactions" in all lower tier covered transactions (i.e. transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about:
 - 1. the dangers of drug abuse in the workplace;
 - 2. the grantee's policy of maintaining a drug-free workplace;
 - 3. any available drug counseling, rehabilitation, and employee assistance programs; and
 - 4. the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will:
 - 1. abide by the terms of the statement; and

2. notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted:
1. taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 2. requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
Office of Grants Management
Office of the Assistant Secretary for Management and Budget
Department of Health and Human Services
200 Independence Avenue, S.W., Room 517-D
Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this

Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Signature of Authorized Certifying Official	Title
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Applicant Organization	Date Submitted
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Exhibit A**NONPROFIT AGENCIES****INTRODUCTION**

Washoe County has established specific insurance and indemnification requirements for nonprofit organizations contracting with the County to provide services, use County facilities and property, or receive funding. Indemnification and hold harmless clauses and insurance requirements are intended to assure that a nonprofit organization accepts and is able to pay for a loss or liability related to its activities.

ATTENTION IS DIRECTED TO THE INSURANCE REQUIREMENTS BELOW. IT IS HIGHLY RECOMMENDED THAT ORGANIZATIONS CONFER WITH THEIR RESPECTIVE INSURANCE CARRIERS OR BROKERS TO DETERMINE THE AVAILABILITY OF INSURANCE CERTIFICATES AND ENDORSEMENTS AS PRESCRIBED AND PROVIDED HEREIN. IF THERE ARE ANY QUESTIONS REGARDING THESE INSURANCE REQUIREMENTS, IT IS RECOMMENDED THAT THE AGENT/BROKER CONTACT THE COUNTY RISK MANAGER DIRECTLY AT (775) 328-2071.

INDEMNIFICATION AGREEMENT

ORGANIZATION agrees to hold harmless, indemnify, and defend COUNTY, its officers, agents, employees, and volunteers from any loss or liability, financial or otherwise resulting from any claim, demand, suit, action, or cause of action based on bodily injury including death or property damage, including damage to ORGANIZATION'S property, caused by the omission, failure to act, or negligence on the part of ORGANIZATION, its employees, agents, representatives, or Subcontractors arising out of the performance of work under this Agreement by ORGANIZATION, or by others under the direction or supervision of ORGANIZATION.

In the event of a lawsuit against the COUNTY arising out of the activities of ORGANIZATION, should ORGANIZATION be unable to defend COUNTY due to the nature of the allegations involved, ORGANIZATION shall reimburse COUNTY, its officers, agents, and employees for cost of COUNTY personnel in defending such actions at its conclusion should it be determined that the basis for the action was in fact the negligent acts, errors or omissions of ORGANIZATION.

GENERAL REQUIREMENTS

ORGANIZATION shall purchase Industrial Insurance, General Liability, and Automobile Liability as described below. The cost of such insurance shall be borne by ORGANIZATION. ORGANIZATION may be required to purchase Professional Liability coverage based upon the nature of the service agreement.

INDUSTRIAL INSURANCE

It is understood and agreed that there shall be no Industrial Insurance coverage provided for ORGANIZATION or any Sub-consultant by COUNTY. ORGANIZATION agrees, as a precondition to the performance of any work under this Agreement and as a precondition to any obligation of the COUNTY to make any payment under this Agreement to provide COUNTY with a certificate issued by an insurer in accordance with NRS 616B.627 and with a certificate of an insurer showing coverage pursuant to NRS 617.210 for ORGANIZATION and any sub-consultants used pursuant to this Agreement.

Should ORGANIZATION be self-funded for Industrial Insurance, ORGANIZATION shall so notify COUNTY in writing prior to the signing of this Agreement. COUNTY reserves the right to approve said retentions and may request additional documentation financial or otherwise for review prior to the signing of this Agreement.

It is further understood and agreed by and between COUNTY and ORGANIZATION that ORGANIZATION shall procure, pay for, and maintain the above-mentioned industrial insurance coverage at ORGANIZATION'S sole cost and expense.

MINIMUM LIMITS OF INSURANCE

ORGANIZATION shall maintain limits no less than:

1. General Liability: \$1,000,000 combined single limit per occurrence for bodily injury, personal injury, and property damage. If Commercial General Liability Insurance or other form with a general aggregate limit is used, the general aggregate limit shall be increased to equal twice the required occurrence limit or revised to apply separately to each project or location.
2. Automobile Liability: \$500,000 combined single limit per accident for bodily injury and property damage. No aggregate limits may apply.
3. Professional Liability: \$N/A per claim and as an annual aggregate.

DEDUCTIBLES AND SELF-INSURED RETENTIONS

Any deductibles or self-insured retentions must be declared to and approved by the COUNTY Risk Management Division. COUNTY reserves the right to request additional documentation, financial or otherwise, prior to giving its approval of the deductibles and self-insured retention and prior to executing the underlying agreement. Any changes to the deductibles or self-insured retentions made during the term of this Agreement or during the term of any policy, must be approved by the COUNTY Risk Manager prior to the change taking effect.

OTHER INSURANCE PROVISIONS

The policies are to contain, or be endorsed to contain, the following provisions:

1. COUNTY, its officers, employees and volunteers are to be covered as insureds as respects: liability arising out of activities performed by or on behalf of ORGANIZATION, including COUNTY'S general supervision of ORGANIZATION; products and completed operations of ORGANIZATION; premises owned, occupied or used by ORGANIZATION; or automobiles owned, leased, hired, or borrowed by ORGANIZATION. The coverage shall contain no special limitations on the scope of protection afforded to COUNTY, its officers, employees or volunteers.
2. ORGANIZATION'S insurance coverage shall be primary insurance as respects COUNTY, its officers, employees and volunteers. Any insurance or self-insurance maintained by COUNTY, its officers, employees or volunteers shall be excess of ORGANIZATION'S insurance and shall not contribute with it in any way.
3. Any failure to comply with reporting provisions of the policies shall not affect coverage provided to COUNTY, its officers, employees or volunteers.

4. ORGANIZATION'S insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the limits of the insurer's liability.
5. Each insurance policy required by this clause shall be endorsed to state that coverage shall not be suspended, voided, canceled or non-renewed by either party, reduced in coverage or in limits except after thirty (30) days' prior written notice by certified mail, return receipt requested, has been given to COUNTY except for nonpayment of premium.

ACCEPTABILITY OF INSURERS

Insurance is to be placed with insurers with a Best's rating of no less than A-: VII. COUNTY, with the approval of the Risk Manager, may accept coverage with carriers having lower Best's Ratings upon review of financial information concerning ORGANIZATION and insurance carrier. COUNTY reserves the right to require that ORGANIZATION'S insurer be a licensed and admitted insurer in the State of Nevada, or on the Insurance Commissioner's approved but not admitted list.

VERIFICATION OF COVERAGE

ORGANIZATION shall furnish COUNTY with certificates of insurance and with original endorsements affecting coverage required by this exhibit. The certificates and endorsements for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. **All certificates and endorsements are to be addressed to the specific COUNTY contracting department and be received and approved by the COUNTY before work commences.** COUNTY reserves the right to require complete, certified copies of all required insurance policies, at any time.

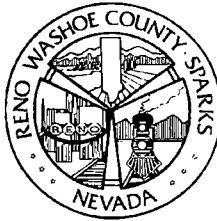
SUBCONTRACTORS

ORGANIZATION shall include all Subcontractors as insureds under its policies or shall furnish separate certificates and endorsements for each Subcontractor. All coverages for Subcontractors shall be subject to all of the requirements stated herein.

MISCELLANEOUS CONDITIONS

1. ORGANIZATION shall be responsible for and remedy all damage or loss to any property, including property of COUNTY, caused in whole or in part by ORGANIZATION, any Subcontractor, or anyone employed, directed or supervised by ORGANIZATION.
2. Nothing herein contained shall be construed as limiting in any way the extent to which the ORGANIZATION may be held responsible for payment of damages to persons or property resulting from its operations or the operations of any Subcontractor under it.
3. In addition to any other remedies COUNTY may have if ORGANIZATION fails to provide or maintain any insurance policies or policy endorsements to the extent and within the time herein required, COUNTY may, at its sole option:
 - a. Order ORGANIZATION to stop work under this Agreement and/or withhold any payments which become due ORGANIZATION hereunder until ORGANIZATION demonstrates compliance with the requirements hereof;

- b. Purchase such insurance to cover any risk for which COUNTY may be liable through the operations of ORGANIZATION if under this Agreement and deduct or retain the amount of the premiums for such insurance from any sums due under the Agreement;
- c. Terminate the Agreement.



Washoe County Health District

STAFF REPORT

BOARD MEETING DATE: 11/19/09

DATE: November 9, 2009

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, District Health Department *PB*
775-328-2418, pbuxton@washoecounty.us

THROUGH: Eileen Coulombe, Administrative Health Services Officer *EC*

SUBJECT: Ratification of Notice of Subgrant Award issued to Nevada Hispanic Services, Inc. pertaining to the Video Opportunities for Innovative Condom Education and Safer Sex (VOCES/VOICES-in English) program for the period January 1, 2010 through December 31, 2011 in the total amount of \$181,665, or \$91,242 for calendar year 2010 and \$90,423 for calendar year 2011; and if approved authorize the Chairman to execute.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

District Board of Health Priority supported by this item:
Ratification of this Notice of Subgrant Award supports the District Board of Health's strategic priority: *Experience a low rate of communicable disease*. It also supports the Sexual Health Program's mission to provide comprehensive prevention education, treatment, and surveillance activities in Washoe County that reduce the incidence of STD infection including HIV. The Sexual Health Program emphasizes strategies that empower individuals to decrease risk-related behaviors, thereby decreasing the incidence of new STD and HIV infections in the community.

PREVIOUS ACTION

The Board approved a Notice of Subgrant Award issued to Nevada Hispanic Services, Inc. pertaining to the VOCES Program for the period January 1, 2006 through December 31, 2007 in the total amount of \$189,988 or \$94,994 each year on December 15, 2005.

AGENDA ITEM #7.C.4.

BACKGROUND

The Washoe County Health District is anticipating receiving a continuation Notice of Subgrant Award from the Nevada State Health Division that allows pass through funding to non-profit and governmental agencies.

The following information provided by Sexual Health program staff:

As fiscal agent for the NVHD's Bureau of Community Health HIV Prevention Program, the WCHD administers HIV prevention funding from the Centers for Disease Control and Prevention (CDC). The WCHD is responsible for the fiscal and programmatic oversight of subgrants issued to community agencies including: the solicitation, review, and selection of local direct service contractors; establishing and monitoring contracts between the WCHD and selected organizations; and quality assurance. The WCHD reports oversight activities to the NVHD. These activities support a majority of the Essential Public Health functions:

- Monitor health status to identify and solve community health problems.
- Diagnose and investigate health problems and health hazards in the community.
- Inform, educate, and empower people about health issues.
- Mobilize community partnerships and action to identify and solve health problems.
- Develop policies and plans that support individual and community health efforts.
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
- Assure competent public and personal health care workforce.
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
- Research for new insights and innovative solutions to health problems.

The purpose of these funds is to provide primary or secondary prevention programs targeting populations at high-risk of contracting or transmitting HIV. Interventions targeting one or more of these priority populations work to lower individual's risk of acquiring or transmitting HIV. For interventions targeting HIV positive individuals, the intent of secondary prevention is to reduce the risk of transmitting HIV and/or reduce the risk of progression of disease. Interventions must be evidence-based, meaning the intervention has been studied rigorously for effectiveness and ability to be replicated in settings outside of

research institutions. Programs deemed effective and evidence-based by the CDC are required to be implemented. This is upon directive from the NVHD and strong recommendation from the CDC. Reinforcement of this recommendation is made in the Nevada State HIV Prevention Plan. CDC endorsed evidence-based interventions can be reviewed at www.effectiveinterventions.org.

The Northern Nevada HIV Planning Council (NNPC), of which WCHD is a member and staff resource, is responsible for establishing service priorities for use of CDC HIV prevention funds and developing a comprehensive plan for the organization and delivery of HIV prevention services in Northern Nevada. As stated in the 2006-2008 Nevada Comprehensive HIV Prevention Plan, the four (4) priority populations in Northern Nevada are:

1. HIV Positive Individuals
2. Men Who Have Sex With Men (MSM)
3. Substance Abusers/Users
4. Sexually Active Heterosexuals

Local indicators related to HIV infection, specifically co-morbidities of other sexually transmitted disease and demographic characteristics of recent HIV and AIDS cases in Northern Nevada, were analyzed to determine how to best focus prevention resources. Using the four priority populations as a guide, the following subpopulations listed below were chosen to be targeted with this funding. All HIV prevention funded interventions must target at least one of the subpopulations listed with an evidence-based intervention that has been proven effective to reach the specific population. The proposed interventions must meet a clearly defined unmet need.

Priority Population:	Subpopulation:
HIV+	All
MSM	General
	Youth
Sexually Active Heterosexuals	Of Color
	Women
	Youth

To distribute funds, a Request for Applications (RFA) was produced based on previous RFAs, reviews of other jurisdiction's processes, and intensive community feedback. Members of the NNPC spent a considerable amount of time reviewing the document to ensure that appropriate target populations, methods of service delivery, applicant expectations, and commitment to a fair and objective process were maintained. Eligibility to apply for funds was opened to "...governmental agencies and tax exempt public and private non-profit organizations that will be carrying out model, evidence-based interventions that address human service needs in

Northern Nevada; this excludes Clark, Nye, Lincoln and Esmeralda counties...”¹ WCHD staff (CCHS and Administrative Health Services), Washoe County Risk Management and the DHD’s assigned Deputy District Attorney then reviewed the RFA.

Dissemination of the RFA increased over activities in previous funding cycles. Traditional routes included postings of public notice and advertisements in Northern Nevada newspapers over a two-week period. The posting notice was provided to the Planning Council, posted on the DHD’s web page, and sent to various email list serves (refer to table).

Distribution Points
Elko Daily Free Press
Human Services Network Listserve
Humboldt Sun
Lahonton Valley News
Nevada Public Health Association
Northern Lake Tahoe Bonanza
Northern Nevada Business Weekly
Northern Nevada HIV Planning Council
Northern Nevada Outreach Team
Reno Gazette Journal
Sierra Sun
Sparks Tribune
Intelligent Fire Faith Based Listserve
Tahoe Daily Tribune
Tahoe Daily Tribune
Tahoe World
The Ely Times
The Record-Courier
Washoe County Chronic Disease Coalition
WCHD Website Frontpage

Letters of Intent to apply were required and received from African-American Community Cultural Education Programs & Trainings (ACCEPT), Nevada Hispanic Services (NHS), Northern Nevada HOPES (HOPES), the Northern Nevada Outreach Team (NNOT), and Planned Parenthood Mar Monte (PPMM). Applications were received from ACCEPT, NHS, HOPES and PPMM. An Applicants’ Workshop was provided to agencies for thorough review the RFA, an overview of the entire funding process, and to provide technical assistance to applicants. Ongoing assistance was provided throughout the application process, with each question and answer sent out to all applicants.

¹ Washoe County Health District. Request for Applications (RFA) for Calendar Years 2010-2011, RFA Title: HIV Prevention Services Grants. p. 1.

An internal Technical Review Committee and an outside Grant Review Committee reviewed the proposals. The Grant Review Committee was comprised of four individuals from various community organizations, public health (local and federal level perspectives), accounting, and administrative fields. WCHD staff *facilitated* the Grant Review Committee but did not serve on the committee. Proposals were scored and ranked based on criteria specified in the RFA. The two highest scoring programs were selected to receive funding in calendar years 2010 and 2011.

The WCHD's HIV Prevention program has awarded Planned Parenthood Mar Monte (PPMM) a contract to fund the Street Smart program, an intensive small group intervention to prevent HIV/AIDS and other sexually transmitted infections among high risk youth ages 12-24 years, with a focus on youth of color. This intervention is funded to reach 100 unduplicated participants during each calendar year, and at least 2500 outreach contacts per year. A total of 200 Street Smart unduplicated participants and 5000 outreach contacts will be reached throughout the two-year funding period.

During the current funding period (CY 2008-2009), more than 40% of the youth reached were youth of color. In addition, the youth that participated in evaluation during the first half of CY2009 reported high-risk behaviors that may facilitate HIV or STD infection or transmission²:

- *The majority of participants reported baseline behaviors that increase their risk of contracting HIV: 85.4% have used alcohol or drugs, 62.5% have engaged in sexual activity, and 41.7% have had sex while drunk or high.*
- *40 of the 48 participants surveyed reported alcohol or drug use. 83.3% reported using alcohol, 66.7% marijuana, 31.3% Ecstasy, 22.9% cocaine, 22.9% hallucinogens, 14.5% methamphetamines, and 4.2% heroin.*
- *The majority of participants are sexually active. 62.5% reported having had vaginal, anal, or oral sex.*

Outcomes from evaluation of the currently funded Street Smart intervention indicate that participants are gaining knowledge and skills that will facilitate prevention of HIV and STDs with regard to current and future behaviors:

- *PPMM exceeded this goal with over 70% of participants reporting their intent to use condoms in the future. At post-test evaluation 87% of females and 77% of males reported being "likely" or "very likely" to use a condom during vaginal sex. 80.6% of females and 77% of males reported being "likely" or "very likely" to carry a condom in the future.*
- *73% of females and 60% of males improved their knowledge from pre-to-post.*

Nevada Hispanic Services (NHS) has been awarded a contract to fund the VOCES intervention that will provide small group education and skill building to 720 unduplicated Hispanic MSM and sexually active heterosexuals throughout the two-year funding period. Based on previous implementation and experience of the subject matter within the populations, NHS will focus on

² PPMM, Street Smart 2009 Mid-Year Report.

reaching the following objectives:

- *At least 60% of individuals who evaluate the VOCES program will report an increase in knowledge in HIV prevention.*
- *At least 60% of individuals who evaluate the VOCES program will indicate that they intend to change their behavior to reduce their risk for HIV.*
- *At least 40% of individuals who evaluate the VOCES program will report the intent to use a condom the next time they engage in sexual activity.*
- *At least 50% of individuals who evaluate the VOCES program will report the intent to get an HIV test.*

Oversight of the interventions and funded agencies takes place through submission of reimbursement requests, progress reports, site-visits, community feedback, and participation in the CDC mandated Program Evaluation and Monitoring System (PEMS). The Administrative and CCHS divisions of WCHD work together to provide the fiscal and programmatic oversight, as well as ongoing technical assistance to the organizations. This comprehensive process ensures fidelity to the intervention model and guidance to facilitate the objective, transparent, and fair process that has been established.

A copy of the Notice of Subgrant Award for Nevada Hispanic Services, Inc. is attached.

The Resolution authorizing grant of funds to Nevada Hispanic Services, Inc. and the approval of the purchase requisition that accompanies this contract will require Board of County Commissioners approval.

FISCAL IMPACT

Should the Board approve this Notice of Subgrant Award, there will be no additional impact to the adopted FY 10 budget as expenses for this contract were anticipated and projected in the HIV Prevention Grant Program (IO-10013) under account 710119, Subrecipient Payments.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health ratify the Notice of Subgrant Award issued to Nevada Hispanic Services, Inc. pertaining to the Video Opportunities for Innovative Condom Education and Safer Sex (VOCES/VOICES-in English) program for the period January 1, 2010 through December 31, 2011 in the total amount of \$181,665, or \$91,242 for calendar year 2010 and \$90,423 for calendar year 2011; and if approved authorize the Chairman to execute.

POSSIBLE MOTION

Move to ratify the Notice of Subgrant Award issued to Nevada Hispanic Services, Inc. pertaining to the Video Opportunities for Innovative Condom Education and Safer Sex (VOCES/VOICES-in English) program for the period January 1, 2010 through December 31, 2011 in the total amount of \$181,665, or \$91,242 for calendar year 2010 and \$90,423 for calendar year 2011; and if approved authorize the Chairman to execute.

Washoe County Health District

NOTICE OF SUBGRANT AWARD

Program Name: HIV Prevention Program/Fiscal Agent Division of Community and Clinical Health Services (CCHS) Washoe County Health District	Subgrantee Name: Nevada Hispanic Services, Inc. (NHS)
Address: 1001 East Ninth Street Reno NV 89520	Address: 3905 Neil Road, Ste. 2 Reno, NV 89502
Subgrant Period: January 1, 2010 to December 31, 2011	Subgrantee EIN#: Subgrantee Vendor#: 103138

Reason for Award: Street Smart Program
 NHS will implement the Video Opportunities for Innovative Condom Education and Safer Sex (VOCES/VOICES-in English) that targets Hispanic men who have sex with men (MSM) and sexually active heterosexuals in an effort to prevent HIV.

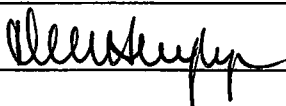
Budget Categories	CY 2010	CY 2011	Subgrant period total
Approved cost categories			
1. Personnel	\$44,479	\$44,479	\$88,958
2. Travel	\$5,744	\$5,000	\$10,744
3. Supplies	\$12,904	\$13,236	\$26,140
4. Equipment	\$0	\$0	\$0
5. Contractual	\$10,000	\$10,000	\$20,000
6. Other	\$13,667	\$13,260	\$26,927
Total Direct Cost	\$86,794	\$85,975	\$172,769
Indirect Cost	\$4,448	\$4,448	\$8,896
Total Costs	\$91,242	\$90,423	\$181,665

Disbursement of funds will be as follows:
 Payment will be made upon receipt of an invoice specifically requesting payment for the NHS - VOCES Program. Reimbursement will not exceed \$91,242 for CY 2010, \$90,423 for CY 2011, for a grant total not to exceed **\$181,665** for the subgrant period.

Source of Funds:	CFDA#	Federal Grant #:
1. Centers for Disease Control and Prevention (CDC)	93.940	TBA

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, C and D of this subgrant award.

Authorized Sub-Recipient Official	Signature	Date
Ed Vento Chairman, Nevada Hispanic Services		
Mary-Ann Brown CCHS Division Director		
Eileen Coulombe Administrative Health Services Officer		
Denis Humphreys, OD Chairman, District Board of Health		11/18/09

**WASHOE COUNTY HEALTH DISTRICT (WCHD)
NOTICE OF SUBGRANT AWARD
SECTION A**

Description of services, deliverables and reimbursement

Calendar Year 2010

Goal 1: To provide HIV prevention and risk reduction to Hispanic men who have sex with men (MSM) and sexually active heterosexuals in Northern Nevada.

Objective 1.1: By December 31, 2010, NHS will implement the two session VOCES program 16 times.

Objective 1.2: By December 31, 2010, NHS will implement the two session VOCES program to 320 unduplicated Hispanic MSM and sexually active heterosexuals

Objective 1.3: By December 31, 2010, at least 15% of VOCES participants will be Hispanic MSM.

Objective 1.4: By December 31, 2010, at least 85% of VOCES participants will be Hispanic sexually active heterosexuals.

Objective 1.5: By December 31, 2010, at least five Peer Assistants will be recruited and trained to assist with the NHS VOCES program.

Goal 2: To provide HIV prevention that will encourage the Hispanics reached by this program implementation to decrease the practice of sexual and/or drug-using risk behavior associated with HIV/STD infection in Northern Nevada.

Objective 2.1: By December 31, 2010, at least 70% of VOCES participants will complete program evaluation.

Objective 2.1: By December 31, 2010, at least 60% of individuals who evaluate the VOCES program will indicate that they read the program materials.

Objective 2.2: By December 31, 2010, at least 60% of individuals who evaluate the VOCES program will report an increase in knowledge in HIV prevention.

Objective 2.3: By December 31, 2010, at least 60% of individuals who evaluate the VOCES program will indicate that they intend to change their behavior to reduce their risk for HIV.

Objective 2.4: By December 31, 2010, at least 40% of individuals who evaluate the VOCES program will report the intent to use a condom the next time they engage in sexual activity.

Goal 3: To encourage participants reached by this program to get an HIV test.

Objective 3.1: By December 31, 2010, 100% of VOCES participants will be referred for HIV testing.

Objective 3.2: By December 31, 2010, at least 50% of individuals who evaluate the VOCES program will report the intent to get an HIV test.

Goal 4: To provide participants reached by this program with referrals for social and health care services.

Objective 4.1: By December 31, 2010, 100% of VOCES participants who need referrals for social and health care services will receive these referrals.

Goal 5: To collect, analyze, and disseminate evaluation data related to the VOCES intervention in Northern Nevada.

Objective 5.1: NHS will complete and submit progress reports, using the template supplied by the DHD, as follows:

1st quarter report due by April 16, 2010

Mid-year report due by July 16, 2010

Annual report due by January 14, 2011

Objective 5.2: NHS will provide reports to the Northern Nevada HIV Planning Council (NNPC) at each NNPC meeting using the report format approved by NNPC. Electronic copies of the reports will be emailed to DHD staff within one day following the NNPC meeting.

Objective 5.3: By December 31, 2010, NHS will collect process-monitoring data for each VOCES participant as required by the NSHD and the CDC.

Objective 5.4: By December 31, 2010, NHS will participate in the intervention baseline data entry, ongoing intervention data entry, and implementation of the CDC's Program Monitoring and Evaluation System (PEMS) including data submission deadlines as set forth by WCHD and NSHD.

Calendar Year 2011

Goal 1: To provide HIV prevention and risk reduction to Hispanic men who have sex with men (MSM) and sexually active heterosexuals in Northern Nevada.

Objective 1.1: By December 31, 2011, NHS will implement the two session VOCES program 20 times.

Objective 1.2: By December 31, 2011, NHS will implement the two session VOCES program to 400 unduplicated Hispanic MSM and sexually active heterosexuals

Objective 1.3: By December 31, 2011, at least 15% of VOCES participants will be Hispanic MSM.

Objective 1.4: By December 31, 2011, at least 85% of VOCES participants will be Hispanic sexually active heterosexuals.

Objective 1.5: By December 31, 2011, at least five Peer Assistants will be recruited and trained to assist with the NHS VOCES program.

Goal 2: To provide HIV prevention that will encourage the Hispanics reached by this program implementation to decrease the practice of sexual and/or drug-using risk behavior associated with HIV/STD infection in Northern Nevada.

Objective 2.1: By December 31, 2011, at least 70% of VOCES participants will complete program evaluation.

Objective 2.1: By December 31, 2011, at least 60% of individuals who evaluate the VOCES program will indicate that they read the program materials.

Objective 2.2: By December 31, 2011, at least 60% of individuals who evaluate the VOCES program will report an increase in knowledge in HIV prevention.

Objective 2.3: By December 31, 2011, at least 60% of individuals who evaluate the VOCES program will indicate that they intend to change their behavior to reduce their risk for HIV.

Objective 2.4: By December 31, 2011, at least 40% of individuals who evaluate the VOCES program will report the intent to use a condom the next time they engage in sexual activity.

Goal 3: To encourage participants reached by this program to get an HIV test.

Objective 3.1: By December 31, 2011, 100% of VOCES participants will be referred for HIV testing.

Objective 3.2: By December 31, 2011, at least 50% of individuals who evaluate the VOCES program will report the intent to get an HIV test.

Goal 4: To provide participants reached by this program with referrals for social and health care services.

Objective 4.1: By December 31, 2011, 100% of VOCES participants who need referrals for social and health care services will receive these referrals.

Goal 5: To collect, analyze, and disseminate evaluation data related to the VOCES intervention in Northern Nevada.

Objective 5.1: NHS will complete and submit progress reports, using the template supplied by the DHD, as follows:

Mid-year report due by July 15, 2011

Two-year comprehensive report due by January 13, 2012

Objective 5.2: NHS will provide reports to the Northern Nevada HIV Planning Council (NNPC) at each NNPC meeting using the report format approved by NNPC. Electronic copies of the reports will be emailed to DHD staff within one day following the NNPC meeting.

Objective 5.3: By December 31, 2011, NHS will collect process-monitoring data for each VOCES participant as required by the NSHD and the CDC.

Objective 5.4: By December 31, 2011, NHS will participate in the intervention baseline data entry, ongoing intervention data entry, and implementation of the CDC's Program Monitoring and Evaluation System (PEMS) including data submission deadlines as set forth by WCHD and NSHD.

Subgrantee agrees to:

1. Submit all required reports and forms (except "bubble sheets"), via email, to the HIV Program Coordinator and Administrative Assistant.
2. Comply with WCHD policies regarding the purchase, use, and accounting of cash-equivalent incentives.
3. Comply with and provide proof that fingerprinting and a background check have been performed on individuals working with juveniles in the State of Nevada (NRS 179.A.210, NRS 239.B.010).
4. Comply with and provide proof of industrial and liability insurance as discussed in Exhibit A (attached hereto and incorporated herein by this reference).
5. Indemnify, hold harmless, and defend the WCHD, its officers, agents and employees as set forth in the Insurance/Hold Harmless Requirements for Non-Profit Agencies, Exhibit A.
6. Follow the "Special Conditions" of this grant award:

Special Conditions: In addition to the established services and deliverables listed above, subrecipients shall incorporate efforts into their existing activities to reach Northern Nevada's priority populations and subpopulations identified in the 2006-2008 Nevada Comprehensive HIV Prevention Plan:

Priority Population:	Subpopulation:
HIV+	All
MSM	General
	Youth
Sexually Active Heterosexuals	Of Color
	Women
	Youth

Subrecipients should list specific efforts to meet these conditions in required reporting documents.

	CY 2010	CY 2011	Subgrant Total	
Personnel	\$44,479	\$44,479	\$88,958	80% of one .80 FTE Program Coordinator, 20% of one 1.0 FTE Clerical Support/CTR Specialist; Personnel includes fringe benefits @ 11.3%
Travel	\$5,744	\$5,000	\$10,744	
Supplies	\$12,904	\$13,236	\$26,140	To include education materials, office supplies, postage, copying, and Orasure HIV tests.
Equipment	\$0	\$0	\$0	
Contractual	\$10,000	\$10,000	\$20,000	Evaluation Consultant (\$50/hr x 200 hours)
Other	\$13,667	\$13,260	\$26,927	To include cell phone, fax/scan/copy machine, and participant incentives. Incentives: Nutritional snacks for group meetings – 2 sessions x 320 participants x \$4.00/each = \$2,560; Gift cards – 320 participants x \$25/each = \$8,000; Trained/Completed program Peer Assistant Incentive – 5 x \$300 = \$1,500

Total Direct Costs	\$86,794	\$85,975	\$172,769
Indirect Costs	\$4,448	\$4,448	\$8,896
Total Costs	\$91,242	\$90,423	\$181,665

The WCHD will:

1. Provide technical assistance upon written request from the subgrantee. The WCHD will not provide technical assistance that duplicates activities funded under this subgrant.
2. Provide timely reimbursements when furnished with proper supporting documentation.
3. To the extent authorized by law, indemnify, hold harmless, and defend NHS, its officers, agents and employees, from and against any demands, claims, liabilities, and damages of any kind or nature arising out of the negligent acts, errors and omissions of WCHD staff.

Both parties agree:

1. Reimbursements for the actual expenses incurred related to the Scope of Work during the subgrant period will be made on a monthly basis using the forms provided by the WCHD.
2. Fiscal Reports including documentation supporting all expenditures for the previous month must accompany all reimbursement requests.
3. Reimbursement requests will be submitted within ten (10) calendar days following the end of each month.
4. The Washoe County Health District will conduct at least one annual site visit with the subgrantee, including a programmatic and fiscal review of any and all relevant material pertaining to this subgrant.

The WCHD reserves the right to hold reimbursement under this subgrant until any delinquent forms are filed.

Within twenty (20) days of the CLOSE OF THE SUBGRANT PERIOD, a complete financial accounting of all expenditures shall be submitted to the WCHD. Any unobligated funds shall be returned to the WCHD, or if not already requested, shall be deducted from the final award.

The parties acknowledge that they are subject to the provisions of the Health Insurance Portability and Accountability Act (HIPAA) and the regulations promulgated thereunder, pertaining to the maintenance, handling, retention, confidentiality and availability of records and data containing protected health information, as that term is defined by 45 C.F.R. § 164.501. It is agreed that in addition to maintaining such records and data in accordance with HIPAA and any more restrictive provision of state law, including but not limited to, Chapters 441A of the Nevada Revised Statutes and the Nevada Administrative Code, the parties will require that any employee, contractor or agent who may have access to the records and data provide comparable protections to those provided by the parties.

Approval of Subgrant budget by the Washoe County Health District constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Transfer of funds without written prior approval from the Washoe County Health District is not allowed under the terms of this Subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.

NHS acknowledges that this Notice of Subgrant Award is contingent upon the appropriation of federal grant funds to the WCHD to support the activities described herein and that the Notice of Subgrant Award will terminate by operation of law if the appropriation of funds does not occur. In this event, the WCHD will provide NHS with immediate written notice of the non-appropriation, directed to Ed Vento, Board Chairman.

In the event of any termination, all property and finished or unfinished documents, data, studies, and reports purchased or prepared by Nevada Hispanic Services, Inc. under this Agreement shall be disposed of according to WCHD directives.

If Nevada Hispanic Services, Inc. prepares, publishes or distributes any brochure, periodical or other

publication, the costs of which are funded at least in part by the Agreement, then any such publication shall contain a prominently displayed statement to that effect ["This agency and its programs are funded, in whole or in part, by contracts with the Centers for Disease Control and Prevention through the Nevada State Health Division and the Washoe County Health District"].

This subgrant may be TERMINATED by either party, provided the termination shall be not 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. Upon such notice of termination, the Washoe County Health District may require Nevada Hispanic Services, Inc. to ensure that adequate arrangements have been made for the transfer of performance required under this Agreement to another Provider or to the Washoe County Health District, including the reasonable payments of any costs involved out of compensation otherwise due NHS. NHS may assign and transfer this Agreement only with the prior written approval of the District Health Officer.

The Washoe County District Board of Health must approve the Notice of Subgrant Award prior to execution. The Washoe Board of County Commissioners must approve the Purchase Requisition and Resolution prior to execution.

This Agreement supersedes all oral agreements, negotiations and representations pertaining to the particular services in the Agreement for the period of performance specified in said AGREEMENT.

WCHD
NOTICE OF SUBGRANT AWARD
SECTION B
Assurances – Non-Construction Programs

As a condition of receiving subgranted funds from the WCHD, the Subgrantee agrees to the following conditions:

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Agrees grant funds may not be used for other than the awarded purpose. In the event subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the WCHD.
4. Agrees the expenditure of subgrant funds in excess of approved budgeted amount, without prior written approval by the WCHD may result in the subgrantee refunding to the WCHD that amount expended in excess of the approved budget.
5. Approval of subgrant budget by the WCHD constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Transfer of funds between budgeted categories without written prior approval from the WCHD is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
6. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
7. Certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.
8. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
9. Agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The WCHD reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally

or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.

10. Agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a) any federal, state, county or local agency, legislature, commission, counsel or board;
 - b) any federal, state, county or local legislator, commission member, counsel member board member or other elected official; or
 - c) any officer or employee of any federal, state, county or local agency, legislature, commission, counsel or board.
11. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L.88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, (f) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (g) the requirements of any other nondiscrimination statute(s) which may apply to the application, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS related conditions).
12. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
13. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801 et seq.), which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
14. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
15. Insofar as subgrantee and the activities conducted hereunder are subject to the provisions of the Health Insurance Portability and Accountability Act and the regulations promulgated thereunder (hereinafter HIPAA), pertaining to the maintenance, handling, retention, confidentiality and availability of records and data containing protected health information, as that term is defined by 45 C.F.R. § 164.501, subgrantee agrees to maintain such records and data in accordance therewith, and in accordance with any more restrictive provision of state law, including but not limited to, chapters 441A of the Nevada Revised Statutes and the Nevada Administrative Code. Additionally, subgrantee will require that any employee, contractor or agent who may have access to the records and data provide comparable protections to those provided by the subgrantee.

Signature of Authorized Certifying Official	Title
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Applicant Organization	Date Submitted
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**WCHD
NOTICE OF SUBGRANT AWARD
SECTION C**

Retention of Subgrant Records and Audit Requirements

Retention of Subgrant Records

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

Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:

- a) Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Health Services Officer at the WCHD. Records may be destroyed by the subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the WCHD.
- b) In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

Nevada Hispanic Services, Inc shall prepare and retain, and permit representatives of the Washoe County Health District, or other appropriate state or federal agencies or its designees to inspect as they deem necessary for grant audit and reimbursement purposes, property, personnel, medical (client) and financial records of NHS as well as other records that may be required.

Audit Requirements

WCHD subgrants are subject to inspection and audit by representatives of the WCHD, or other appropriate state or federal agencies to:

- a) verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
- b) ascertain whether policies, plans and procedures are being followed;
- c) provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
- d) determine reliability of financial aspects of the conduct of the project.

Any audit of Subgrantee's expenditures will be performed in accordance with generally accepted auditing standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the WCHD, as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised October 1997], that each grantee annually expending \$500,000 or more in federal funds have an audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A copy of the final audit report must be sent to the WCHD, Attn: Administrative Health Services Officer, 1001 East Ninth Street, Reno, NV 89520.

Subgrantees expending less than \$500,000 in federal funds annually are exempt from the above mentioned audit requirements and may not use awarded funds to support the cost of an audit in either part or full unless a limited scope audit has been specifically approved in writing by the WCHD.

Final reports of expenditures are accepted by the WCHD, SUBJECT TO AUDIT.

WCHD
NOTICE OF SUBGRANT AWARD
SECTION D
Certifications

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals;

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion—Lower Tier Covered Transactions" in all lower tier covered transactions (i.e. transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about:
 - 1. the dangers of drug abuse in the workplace;
 - 2. the grantee's policy of maintaining a drug-free workplace;
 - 3. any available drug counseling, rehabilitation, and employee assistance programs; and
 - 4. the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will:
 - 1. abide by the terms of the statement; and

2. notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted:
1. taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 2. requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
 Office of Grants Management
 Office of the Assistant Secretary for Management and Budget
 Department of Health and Human Services
 200 Independence Avenue, S.W., Room 517-D
 Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this

Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Signature of Authorized Certifying Official	Title
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Applicant Organization	Date Submitted
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Exhibit A**NONPROFIT AGENCIES****INTRODUCTION**

Washoe County has established specific insurance and indemnification requirements for nonprofit organizations contracting with the County to provide services, use County facilities and property, or receive funding. Indemnification and hold harmless clauses and insurance requirements are intended to assure that a nonprofit organization accepts and is able to pay for a loss or liability related to its activities.

ATTENTION IS DIRECTED TO THE INSURANCE REQUIREMENTS BELOW. IT IS HIGHLY RECOMMENDED THAT ORGANIZATIONS CONFER WITH THEIR RESPECTIVE INSURANCE CARRIERS OR BROKERS TO DETERMINE THE AVAILABILITY OF INSURANCE CERTIFICATES AND ENDORSEMENTS AS PRESCRIBED AND PROVIDED HEREIN. IF THERE ARE ANY QUESTIONS REGARDING THESE INSURANCE REQUIREMENTS, IT IS RECOMMENDED THAT THE AGENT/BROKER CONTACT THE COUNTY RISK MANAGER DIRECTLY AT (775) 328-2071.

INDEMNIFICATION AGREEMENT

ORGANIZATION agrees to hold harmless, indemnify, and defend COUNTY, its officers, agents, employees, and volunteers from any loss or liability, financial or otherwise resulting from any claim, demand, suit, action, or cause of action based on bodily injury including death or property damage, including damage to ORGANIZATION'S property, caused by the omission, failure to act, or negligence on the part of ORGANIZATION, its employees, agents, representatives, or Subcontractors arising out of the performance of work under this Agreement by ORGANIZATION, or by others under the direction or supervision of ORGANIZATION.

In the event of a lawsuit against the COUNTY arising out of the activities of ORGANIZATION, should ORGANIZATION be unable to defend COUNTY due to the nature of the allegations involved, ORGANIZATION shall reimburse COUNTY, its officers, agents, and employees for cost of COUNTY personnel in defending such actions at its conclusion should it be determined that the basis for the action was in fact the negligent acts, errors or omissions of ORGANIZATION.

GENERAL REQUIREMENTS

ORGANIZATION shall purchase Industrial Insurance, General Liability, and Automobile Liability as described below. The cost of such insurance shall be borne by ORGANIZATION. ORGANIZATION may be required to purchase Professional Liability coverage based upon the nature of the service agreement.

INDUSTRIAL INSURANCE

It is understood and agreed that there shall be no Industrial Insurance coverage provided for ORGANIZATION or any Sub-consultant by COUNTY. ORGANIZATION agrees, as a precondition to the performance of any work under this Agreement and as a precondition to any obligation of the COUNTY to make any payment under this Agreement to provide COUNTY with a certificate issued by an insurer in accordance with NRS 616B.627 and with a certificate of an insurer showing coverage pursuant to NRS 617.210 for ORGANIZATION and any sub-consultants used pursuant to this Agreement.

Should ORGANIZATION be self-funded for Industrial Insurance, ORGANIZATION shall so notify COUNTY in writing prior to the signing of this Agreement. COUNTY reserves the right to approve said retentions and may request additional documentation financial or otherwise for review prior to the signing of this Agreement.

It is further understood and agreed by and between COUNTY and ORGANIZATION that ORGANIZATION shall procure, pay for, and maintain the above-mentioned industrial insurance coverage at ORGANIZATION'S sole cost and expense.

MINIMUM LIMITS OF INSURANCE

ORGANIZATION shall maintain limits no less than:

1. General Liability: \$1,000,000 combined single limit per occurrence for bodily injury, personal injury, and property damage. If Commercial General Liability Insurance or other form with a general aggregate limit is used, the general aggregate limit shall be increased to equal twice the required occurrence limit or revised to apply separately to each project or location.
2. Automobile Liability: \$500,000 combined single limit per accident for bodily injury and property damage. No aggregate limits may apply.
3. Professional Liability: \$N/A per claim and as an annual aggregate.

DEDUCTIBLES AND SELF-INSURED RETENTIONS

Any deductibles or self-insured retentions must be declared to and approved by the COUNTY Risk Management Division. COUNTY reserves the right to request additional documentation, financial or otherwise, prior to giving its approval of the deductibles and self-insured retention and prior to executing the underlying agreement. Any changes to the deductibles or self-insured retentions made during the term of this Agreement or during the term of any policy, must be approved by the COUNTY Risk Manager prior to the change taking effect.

OTHER INSURANCE PROVISIONS

The policies are to contain, or be endorsed to contain, the following provisions:

1. COUNTY, its officers, employees and volunteers are to be covered as insureds as respects: liability arising out of activities performed by or on behalf of ORGANIZATION, including COUNTY'S general supervision of ORGANIZATION; products and completed operations of ORGANIZATION; premises owned, occupied or used by ORGANIZATION; or automobiles owned, leased, hired, or borrowed by ORGANIZATION. The coverage shall contain no special limitations on the scope of protection afforded to COUNTY, its officers, employees or volunteers.
2. ORGANIZATION'S insurance coverage shall be primary insurance as respects COUNTY, its officers, employees and volunteers. Any insurance or self-insurance maintained by COUNTY, its officers, employees or volunteers shall be excess of ORGANIZATION'S insurance and shall not contribute with it in any way.
3. Any failure to comply with reporting provisions of the policies shall not affect coverage provided to COUNTY, its officers, employees or volunteers.

4. ORGANIZATION'S insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the limits of the insurer's liability.
5. Each insurance policy required by this clause shall be endorsed to state that coverage shall not be suspended, voided, canceled or non-renewed by either party, reduced in coverage or in limits except after thirty (30) days' prior written notice by certified mail, return receipt requested, has been given to COUNTY except for nonpayment of premium.

ACCEPTABILITY OF INSURERS

Insurance is to be placed with insurers with a Best's rating of no less than A-: VII. COUNTY, with the approval of the Risk Manager, may accept coverage with carriers having lower Best's Ratings upon review of financial information concerning ORGANIZATION and insurance carrier. COUNTY reserves the right to require that ORGANIZATION'S insurer be a licensed and admitted insurer in the State of Nevada, or on the Insurance Commissioner's approved but not admitted list.

VERIFICATION OF COVERAGE

ORGANIZATION shall furnish COUNTY with certificates of insurance and with original endorsements affecting coverage required by this exhibit. The certificates and endorsements for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. **All certificates and endorsements are to be addressed to the specific COUNTY contracting department and be received and approved by the COUNTY before work commences.** COUNTY reserves the right to require complete, certified copies of all required insurance policies, at any time.

SUBCONTRACTORS

ORGANIZATION shall include all Subcontractors as insureds under its policies or shall furnish separate certificates and endorsements for each Subcontractor. All coverages for Subcontractors shall be subject to all of the requirements stated herein.

MISCELLANEOUS CONDITIONS

1. ORGANIZATION shall be responsible for and remedy all damage or loss to any property, including property of COUNTY, caused in whole or in part by ORGANIZATION, any Subcontractor, or anyone employed, directed or supervised by ORGANIZATION.
2. Nothing herein contained shall be construed as limiting in any way the extent to which the ORGANIZATION may be held responsible for payment of damages to persons or property resulting from its operations or the operations of any Subcontractor under it.
3. In addition to any other remedies COUNTY may have if ORGANIZATION fails to provide or maintain any insurance policies or policy endorsements to the extent and within the time herein required, COUNTY may, at its sole option:
 - a. Order ORGANIZATION to stop work under this Agreement and/or withhold any payments which become due ORGANIZATION hereunder until ORGANIZATION demonstrates compliance with the requirements hereof;

- b. Purchase such insurance to cover any risk for which COUNTY may be liable through the operations of ORGANIZATION if under this Agreement and deduct or retain the amount of the premiums for such insurance from any sums due under the Agreement;
- c. Terminate the Agreement.




Washoe County Health District


STAFF REPORT

BOARD MEETING DATE: November 19, 2009

DATE: November 9, 2009

TO: District Board of Health

FROM: Lori Cooke, Fiscal Compliance Officer, Washoe County Health District 
775-325-8068, lcooke@washoecounty.us

THROUGH: Eileen Coulombe, Administrative Health Services Officer 
775-328-2417, ecoulombe@washoecounty.us

SUBJECT: Approval of donation of equipment purchased with grant funds (IO 10039) to Truckee Meadows Community College to satisfy grant required diesel emissions reduction activities, in the amount not to exceed \$30,000.

SUMMARY

Pursuant to NRS 244.1505, Board of County Commissioners (BCC) may donate to a governmental entity for any purpose which will provide a substantial benefit to the inhabitants of the county. As the policy making board for the Washoe County Health District, this approval is first being brought forth for District Board Of Health approval and will be scheduled for December 8, 2009 BCC approval.

County Priority/Goal supported by this item: Approval of these budget adjustments supports Washoe County's strategic priority to "Improve Public Safety, Security and Health" as well as the strategic priority to "Preserve and Enhance our Quality of Life", specifically to "Effectively plan and manage use of our natural assets including water, air and open space."

PREVIOUS ACTION

There has been no action taken this fiscal year. The Interlocal Agreement that provided funding for this activity was accepted by the DBOH on 6/28/07 and Amendment #1 that extended the agreement through 6/30/10 was accepted by the DBOH on 3/27/09.

BACKGROUND

The grant deliverable (IO 10039) for the Washoe County Health District – Air Quality Management Division (AQMD) is to provide resources to reduce diesel related air emissions in Washoe County. Emissions from diesel-powered equipment have been identified as a significant source of toxic air pollutants in urban areas. In addition to being

AGENDA ITEM # 7.D.1.

a Hazardous Air Pollutant (HAP), diesel emissions are a significant source of particulate matter and nitrogen dioxide in the Truckee Meadows.

Initially the AQMD was looking to provide a limited number of retrofit emission-control devices to a select number of operators of current technology equipment. However, after several discussions with industry representatives it was determined that the greatest benefit to the entire community would be realized by augmenting a diesel technicians training program on the newer technology. A revised goal of specific training on diesel emissions control systems was determined the best use of these grant funds.

The U.S. EPA has adopted new emission standards for diesel-powered equipment and manufacturers have responded. These new engines are equipped with very complex and sophisticated emission control systems. It is critical that these systems be properly maintained, otherwise performance, emissions, and fuel economy will deteriorate to below acceptable standards.

The AQMD is proposing a cooperative diesel emission reduction project with the Truckee Meadows Community College – Applied Industrial Technologies – Diesel Program (TMCC). The objective is to provide the technical program at TMCC the tools and equipment necessary to train and educate diesel technicians on these systems. The diesel technicians training program at TMCC is an outstanding local asset – producing national award winning technicians for the local job market. This project will not only provide long-term benefits to the TMCC, but also local and regional diesel-dependant industry and fleet managers.

Below is equipment identified to be purchased and subsequently donated to Truckee Meadows Community College. Please note that substitutions may be required based on availability of equipment and/or funds; not all \$44,209 listed below will be purchased. Particular combinations may be required based on freight cost and to ensure spending the funds to the fullest extent. Total expenditures will not exceed \$30,000:

Description	Total (\$'s)
Pyrometer exhaust temp gauges/sensors for each cylinder 6-Red LED digital readout; 6-EGT sensor	\$507 + freight
4 Gas diesel analyzer, printer, HD stainless probe 1-7466 K series portable exhaust analyzer	\$7839 + freight
Smoke Check diesel emission tester 1-1060CPCL 1667 Meter	\$5415, freight incl.
Fuel consumption meter & pulsation damper 1-Series 8500 fuel log system 850L-201-2K	\$940 + freight
Diesel particulate filter, data logger & software	\$8423 + freight

1-Permit filter DPF	
1-07010204AG Hiback USB data logger	
1-7010202AG Hiback USB level 2 software	
Water Methanol injection	\$999, freight incl.
1-49005 Diesel Stage MPG Max	
Propane Injection System	\$608 + freight
1-Dodge 5.9L propane injection system	
1-Propane tank	\$135
CNG Diesel Injection System	\$5249 + freight
1-PDI-CNG501	
1-2007 Used GM Duramax Diesel Engine	\$4750, freight incl.
1-2007 Used Ford Powerstroke Diesel Engine	\$4750, freight incl.
Engine Stands	\$4584 + freight
2-1735A OTC 2000lb engine stands	
TOTAL	\$44,209 + freight

FISCAL IMPACT

Should the Board approve this donation, there is no fiscal impact as the items were anticipated and included in the FY10 budget and the funds for this grant have already been received by the Health District. Should the Board deny this donation, there is no categorical reallocation allowed. Therefore, any unspent funds remaining as of June 30, 2010 must be returned to the State of Nevada.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve the donation of equipment purchased with grant funds (IO 10039) to Truckee Meadows Community College to satisfy grant required diesel emissions reduction activities, in the amount not to exceed \$30,000.

POSSIBLE MOTION

Move to approve the donation of equipment purchased with grant funds (IO 10039) to Truckee Meadows Community College to satisfy grant required diesel emissions reduction activities, in the amount not to exceed \$30,000.



Regional Emergency Medical Services Authority

REMSA

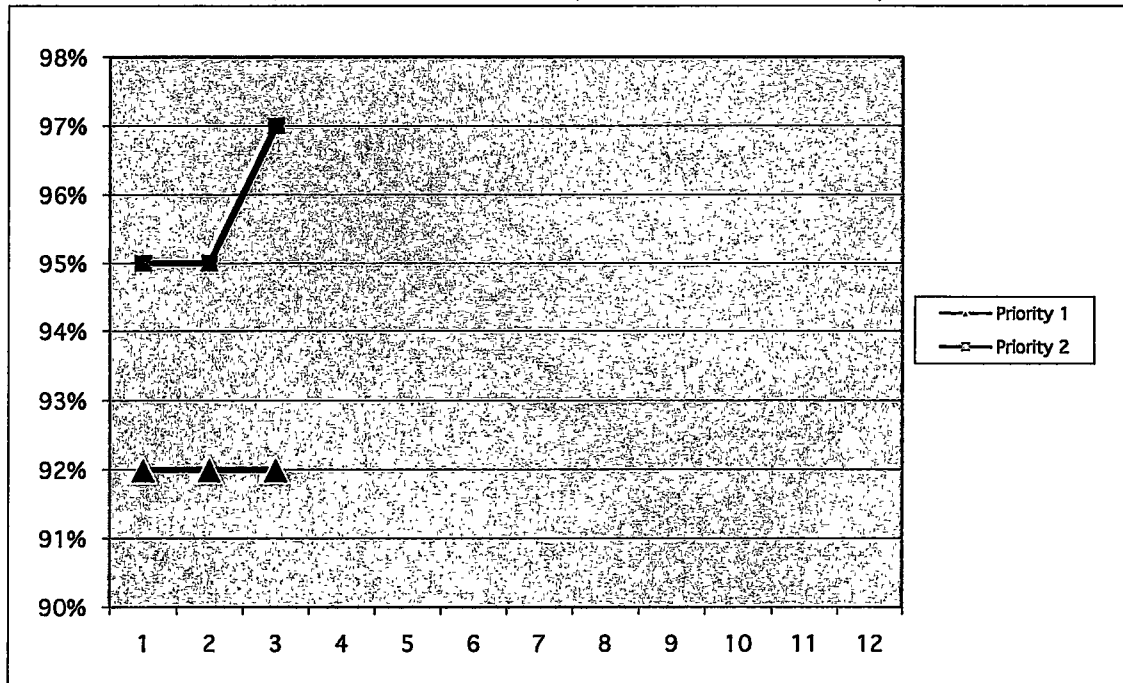
OPERATIONS REPORTS

FOR

SEPTEMBER 2009

Fiscal 2010

Month	Avg. Response Time	Avg. Travel Time	Priority 1	Priority 2
Jul-09	5 mins. 56 secs.	4 mins. 46 secs.	92%	95%
Aug.	6 mins. 4 secs.	4 mins. 54 secs.	92%	95%
Sept.	6 mins. 17 secs.	5 mins. 8 secs.	92%	97%
Oct.				
Nov.				
Dec.				
Jan. 10				
Feb.				
Mar.				
Apr.				
May				
Jun-07				



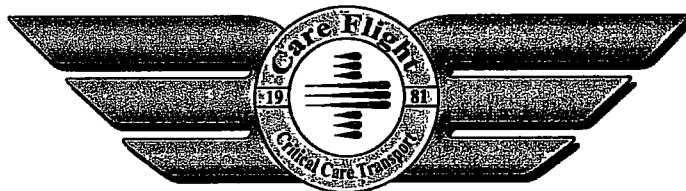
09-10 Sched of Fran Avg. Bill

Care Flight				
Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-09	11	\$91,553	\$8,323	\$8,323
Aug.	15	\$99,547	\$6,636	\$7,350
Sept.	12	\$83,041	\$6,920	\$7,214
Oct.			\$0	\$7,214
Nov.			\$0	\$7,214
Dec.			\$0	\$7,214
Jan. 2010			\$0	\$7,214
Feb.			\$0	\$7,214
Mar.			\$0	\$7,214
Apr.			\$0	\$7,214
May			\$0	\$7,214
June			\$0	\$7,214
Totals	38	\$274,141	\$7,214	\$7,214
			Adjusted Allowed Average Bill -	\$6,598.00
REMSA Ground				
Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-09	2877	\$2,716,180	\$944	\$944
Aug.	2876	\$2,714,870	\$944	\$944
Sept.	2850	\$2,690,188	\$944	\$944
Oct.			\$0	\$944
Nov.			\$0	\$944
Dec.			\$0	\$944
Jan. 2010			\$0	\$944
Feb.			\$0	\$944
Mar.			\$0	\$944
Apr.			\$0	\$944
May			\$0	\$944
June			\$0	\$944
Totals	8603	\$8,121,238	\$944	\$944
			Allowed ground avg bill -	\$922.00



Regional Emergency Medical Services Authority

**CARE FLIGHT
OPERATIONS REPORT
FOR
SEPTEMBER 2009**



**CARE FLIGHT OPERATIONS REPORT
SEPTEMBER 2009
WASHOE COUNTY**

- ❖ **In Town Transfer:**
 - 1 In Town Transfer was completed
- ❖ **Outreach, Education, & Marketing:**
 - 4 Community Education & Public Events

09/03/09	International Center at UNR tour	Flight Staff
09/12/09	Childhood Cancer Awareness Day	Flight Staff
09/17-20/09	Reno Air Races	Flight Staff
09/26/09	Lowe's Safety Day	Flight Staff

❖ **Statistics**

Washoe County Flights

	# patients
Total Flights:	12
Total Patients	12
Expired on Scene	0
Refused Transport (AMA)	0
Scene Flights	7
Hospital Transports	5
Trauma	3
Medical	7
High Risk OB	0
Pediatrics	0
Newborn	0
Full Arrest	2
Total	12



Regional Emergency Medical Services Authority

REMSA
GROUND OPERATIONS REPORT
FOR
SEPTEMBER 2009



GROUND AMBULANCE OPERATIONS REPORT

September 2009

1. OVERALL STATISTICS:

Total Number Of System Responses	4901
Total Number Of Responses In Which No Transport Resulted	2051
Total Number Of System Transports	2850

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests		1%
Medical		45%
OB		0%
Psychiatric/Behavioral		4%
Transfers		16%
Trauma		27%
	Trauma – MVA	8%
	Trauma – Non MVA	19%
Unknown/Other		7%
Total Number of System Responses	100%	

3. MEDICAL DIRECTOR'S REPORT:

The Clinical Director reviewed:

- 100% Full Arrest Ground Charts
- 100% Pediatric ALS and BLS Ground Charts
- 100% All Ground Intubations

Review of the following patient care records (PCR) for accurate and complete documentation and appropriate use of protocol:

- 100% of cardiopulmonary arrests
 - 21 total
- 100% of pediatric patients both ALS and BLS transport and non-transport patients
 - Total 138
- 100% of advanced airways (outside cardiac arrests)
 - 4 total
 - ETCO2 use in cardiac arrests and advanced airway
- 100% of Phase 6 Paramedic and EMT PCRs
 - 123 Paramedic total

- o 217 EMT-I total
- 100% Pain/Sedation Management – 142

All follow-up deemed necessary resulting from Communication CQI was completed by Marcy Kerns, Communications CQI Coordinator.

4. EDUCATION AND TRAINING REPORT:

A. Public Education

Advanced Cardiac Life Support

Date	Course Location	Students
8/25/09	Riggs Ambulance Service	4
9/14/09	EMS CES 911	4

Advanced Cardiac Life Support Recert

9/3/09	EMS CES 911	1
9/4/09	REMSA Education	16
9/14/09	REMSA Education	11
9/17/09	Tahoe Forest Hospital	25
9/18/09	Humboldt General Hospital	11
9/22/09	EMS CES 911	1
9/24/09	REMSA Education	3
9/25/09	Kevin Green	15
9/29/09	EMS CES 911	1
9/29/09	EMS CES 911	2

Advanced Cardiac Life Support Skills

9/2/09	REMSA Education	1
9/8/09	EMS CES 911	1

Bloodborne Pathogen

9/15/09	REMSA Education	1
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Basic Life Support Instructor

9/19/09	Nampa Fire Department	6
9/29/09	REMSA Education	3

Health Care Provider

3/12/09	Randall Evans	4
8/4/09	Eureka EMS	3
8/17/09	Northern Nevada Career College	20
8/22/09	William Person	12
8/24/09	Riggs Ambulance Service	25
8/28/09	Great Basin College	13
8/29/09	Nye County Emergency Services	12
8/29/09	William Person	8
9/2/09	EMS CES 911	1
9/2/09	William Person	3
9/3/09	REMSA Education	5
9/3/09	EMS CES 911	2
9/3/09	Northern Nevada Career College	10
9/5/09	Riggs Ambulance Service	11
9/7/09	Northern Nevada Career College	10
9/8/09	REMSA Education	10
9/10/09	Eureka EMS	14
9/11/09	Jennifer Kraushaar	5
9/11/09	William Person	3
9/11/09	Sierra Nevada Job Corps	6
9/12/09	REMSA Education	11
9/12/09	Jason Harris	1

9/12/09	EMS CES 911	8
9/13/09	UNR Sports Med	7
9/14/09	UNR Sports Med	3
9/15/09	UNR Sports Med	7
9/17/09	REMSA Education	7
9/17/09	Aisha Franklin	1
9/18/09	Great Basin College	5
9/21/09	Robert Painter	5
9/21/09	Donna Miller	4
9/21/09	Great Basin College	15
9/23/09	Nampa Fire Department	6
9/24/09	EMS CES 911	2
9/24/09	Florida Canyon Mine	6
9/25/09	EMS CES 911	1
9/27/09	Storey County Fire Department	7
9/28/09	REMSA Education	2
9/28/09	REMSA Education	2
9/2/09	REMSA Education	9

Health Care Provider, Employee

9/8/09	REMSA Education	1
9/28/09	REMSA Education	2
9/29/09	REMSA Education	2

Health Care Provider, Recert

8/26/09	Ken Kruse	1
9/3/09	Joe Dabrowski	2

9/9/09	REMSA Education	7
9/10/09	REMSA Education	8
9/10/09	Nevada Air National Guard	5
9/11/09	Melissa McDonald	1
9/11/09	Great Basin College	4
9/12/09	Willow Springs	8
9/14/09	Nancy Morton	8
9/14/09	Riggs Ambulance Service	2
9/16/09	REMSA Education	3
9/17/09	Great Basin National Park	4
9/20/09	Dave Zordell	1
9/22/09	REMSA Education	5
9/23/09	Josh Duffy	2
9/24/09	REMSA Education	1
9/24/09	Margarita Jauregui	1
9/25/09	REMSA Education	9
9/26/09	REMSA Education	8
9/29/09	Nampa Fire Department	1
9/30/09	REMSA Education	4

Health Care Provider Skills

8/27/09	Saint Mary's Human Resources	1
9/2/09	REMSA Education	1
9/4/09	REMSA Education	1
9/9/09	REMSA Education	1
9/10/09	REMSA Education	1
9/10/09	Great Basin College	1

9/18/09	REMSA Education	2
9/24/09	Ted Parento	1
9/26/09	EMS CES 911	1
9/28/09	REMSA Education	1
9/29/09	REMSA Education	3
9/30/09	REMSA Education	2

Heart Saver AED

9/9/09	REMSA Education	9
9/12/09	EMS CES 911	1
9/15/09	Toscano	6
9/15/09	Eldorado Hotel & Casino	5
9/17/09	Nampa Fire Department	4
9/17/09	Visual Insight	4
9/20/09	UNR Police	7
9/21/09	Erica Krysztof	2
9/22/09	Eldorado Hotel & Casino	5
9/23/09	UNR EHS	11
9/29/09	Ralph Renteria	9
9/30/09	REMSA Education	7
9/30/09	Hodges Transportation	18

Heart Saver CPR

9/18/09	Sierra Nevada Job Corps	5
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Heart Saver First Aid

3/24/09	Saint Mary's PAS	2
5/19/09	Saint Mary's PAS	1

5/26/09	Saint Mary's PAS	4
7/14/09	Saint Mary's PAS	2
7/28/09	Saint Mary's PAS	2
8/12/09	Reno Tahoe Airport	6
8/15/09	Riggs Ambulance Service	8
8/20/09	Saint Mary's PAS	3
8/26/09	Sierra Nevada Job Corps	6
8/27/09	Saint Mary's PAS	1
8/30/09	Visual Insight	4
9/5/09	Visual Insight	2
9/10/09	Melissa McDonald	1
9/10/09	REMSA Education	3
9/12/09	EMS CES 911	2
9/12/09	Ed Montano	8
9/15/09	City of Reno	13
9/19/09	Jennifer Kraushaar	4
9/22/09	Saint Mary's PAS	1
9/22/09	Academy of Arts & Career Technology	32
9/23/09	No Tahoe Public Utilities	6
9/23/09	Eagle Valley Childrens Home	5
9/23/09	Reno Tahoe Airport	7
9/24/09	No Tahoe Public Utilities	6
9/24/09	Saint Mary's PAS	1
9/25/09	Melissa McDonald	7
9/25/09	Megan Sells	5
9/29/09	EMS CES 911	3

9/29/09	Nampa Fire Department	14
9/30/09	Hodges Transportation	6

Heart Saver Pediatric First Aid

9/8/09	Visual Insight	3
9/12/09	Tahoe Forest Hospital	4
9/23/09	Visual Insight	3
9/29/09	Visual Insight	4
9/30/09	Elko County School District	1

International Trauma Life Support

9/18/09	REMSA Education	4
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Neonatal Resuscitation Program

9/25/09	REMSA Education	14
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Pediatric Advanced Life Support

9/28/09	EMS CES 911	5
9/11/09	REMSA Education	8
9/11/09	John Mohler & Co	12
9/11/09	EMS CES 911	2

Ongoing Courses

1/20/09	Paramedic Program - REMSA Education	11
7/7/09	Paramedic Program - REMSA Education	6
8/12/09	EMT Intermediate Program - REMSA Education	20

5. COMMUNITY RELATIONS:

Community Outreach:

Point of Impact

9/3 and 9/4/09	Reno Police Department Community Services Officer (CSO) Training	1 staff, 16 CSOs
9/8/09	Technician Recertification Course, 2 students passed	3 students
9/12/09	Child Safety Seat Checkpoint, Seat Check Saturday in recognition of Child Passenger Safety Week, Frontier Financial Credit Union, Reno. 26 cars and 34 seats inspected.	4 staff, 7 volunteers
9/15/09	Volunteer Meeting and Appreciation Breakfast	3 staff, 10 volunteers

Northern Nevada Fitting Station Project

9/23/09	Saint Mary's Prepared Childbirth Class	30 students, 1 staff
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Safe Kids Washoe County

9/1/09	Safe Kid Miniature Golf Tournament committee planning meeting, REMSA.	6 volunteers
9/8/09	Safe Kids Washoe County monthly meeting, Sparks.	11 volunteers
9/12/09	Boys and Girls Club Day for Kids, Reno	1 staff
9/15/09	Jesse Hall PTA meeting	1 staff
9/16/09	Safe Routes to Schools partner meeting, Reno.	1 staff
9/29/09	Safe Kids Miniature Golf Tournament committee planning meeting, REMSA.	4 volunteers
9/30/09	Meeting with Marsha Wilson, Occupant Protection Manager, Department of Public Safety.	2 staff
9/30/09	Esther Bennett Safety Committee monthly meeting, Sun Valley.	8 volunteers

Education

9/1/09	Teach the REMSA paramedic class regarding Elder and Child Abuse and Neglect.	1 staff
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Regional Emergency Medical Services Authority

GROUND AMBULANCE AND CARE FLIGHT

INQUIRIES

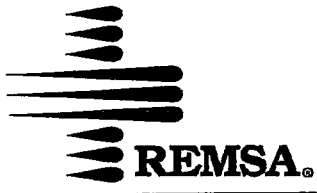
FOR

SEPTEMBER 2009

INQUIRIES

September 2009

There were no inquiries in the month of September.



Regional Emergency Medical Services Authority

**GROUND AMBULANCE
CUSTOMER SERVICE
FOR
SEPTEMBER 2009**

GROUND AMBULANCE CUSTOMER COMMENTS SEPTEMBER 2009

What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
Everything from first contact to delivery of patient to hospital.	Not much! Kim & Keith are an excellent team - they deserve "atta boys" (or girls!).	I feel privileged to live in a community with an ambulance services that we can always depend on.
I was so grateful for your paramedics - they were wonderful.	Take blood pressure + vitals in the ambulance rather than on the street?	Kind, smart, caring and professional on all fronts.
Your EMT were extremely nice + helpful as an older lady in a strange town not sure of what was going on. I was treated very well.		Thank you very much.
the dispatcher was awesome!		
Never spoke to billing. The EMT's were wonderful. Very kind & helpful.		
Prompt response - Put me at ease as I was frightened	NA - I live in San Diego CA	
gave advise over the phone + came quickly.	beat the fire Dept. here!	
	The two people who transported me were friendly, courteous + efficient -	
very caring, friendly and professional	nothing at this time	very clean, up to date vehicle & equipment
My mom collapsed near downtown post-office with lling blood pressure - She (mom) being a stubborn Greek woman did not want to go to ER -	Your REMSA staff was very helpful in convincing me to pressure her into medical compliance	Excellent + professional
Came quickly, reacted quickly to the situation, at same time taking precautionary measures	Nothing, everything was excellent. It was the 1st time my son + I rode in an ambulance	Thank you!
they were very nice to me		They got to Applebees very fast + took me to the hosp. I asked not to be laid down and they complied. They all were just great.
Very polite + concerned. Soft spoken cannot hear left ear	The ride is so bumpy + uncomfortable as always to St. Mary's	
Everything was handled quickly, & professionally. The EMT's were excellent.	nothing	
They saved my life, everything.	just keep doing what you are doing	care was great Please thank them all for helping me -/I am very grateful. They picked me up at the fire station on Moana
they were very professional.	N/A	
All matters concerning my treatment and being transported were very professional.	All was very good! Thank you.	
every thing they kept me calm, they was very polite to me and my family especially to my baby I had with me.	Continue to have the best people you already have.	
Your drivers were very professional + polite + made me feel confident with their services.		

What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
	I think you need better springs in that ambulance! I am writing with humor but you really should try a ride.	
Everybody helped my wife with compassion and care!		
Communicated very well to the patient + family.		Care + treatment was exceptional.
		The patient and I are former ambulance drivers and attendants and we both were very pleased with the concern shown and expert help and advice given. Very professional.
Everything was done well & professional	Nothing	
Two girls were an excellent team, made everything go very smoothly.	Have other teams follow their example.	All of you do a great job, it's wonderful to have caring people in a stressful time.
Everything - way beyond expectations. Very very grateful	One paramedic a girl (I'm so sorry I cannot remember her name) was extremely concerned and visited twice on her own time.	Everyone was most helpful + professional you. You can be proud of them.
Everything	Nothing - you are 100%	
Excellent. Took my emotional fear and helped me cope!	Just keep being here.	
Both personal were very helpful + considerate of patient's pain areas.		
Quick response, worked well with Fire Dept. To get my mother off of floor and into ambulance with minimum pain.	Nothing.	Very, very professional.
Everything.	Stay as nice as you are.	
Saved me from spinal cord injury	Send me form for Senior Silver Save.	
Everyone knew their job - I had a hip out place and because that was an unusual case they handled it very well.	I was in extreme pain but the young man was calm and did a great job.	
The crew suggested go to main Renown in stead of South if neurological needed.		
Provide great emotional support	You were great	
great communication very competent, efficient and considerate		
Great on-scene crew. Very helpful + accommodating to my wife.		
Being compassionate, explaining everything they are going to do.	Nothing	Great, service. Ambulance staff excellent
Everything!! Very professional, knowledgeable, compassionate + caring.		Staff stayed with mom after arriving @ ER until ER bed available - This is greatly appreciated!!
Evaluated + stabilized condition before transport to ER *		* RFD was on the scene at DDAC at time of occurrence & rendered 1st Response Aid.
Everything! It is a very good feeling to know we can always depend on Remsal	Nothing!!!	

What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
They were there quickly - They acted very professionally, they did a real good job	N/A	Great service
From calling dispatch until arriving at St. Mary's. Every employee was professional, compassionate & totally competent -		Excellent care
They were very helpful + and was fast Response. and getting me to the Hospital.	I could not have ask for Better Help. Thanks. They were Great.	
friendly, reassuring, kind, funny		
Very understanding, explanatory, very pleasant, couldn't ask for "3" better paramedics	I can't think of anything.	
Everything went very smoothly + the EMT's were especially nice + helpful	can't think of anything	(great) :)
Very polite + caring to the patient	Be the best you can	Very courtious, caring + helpful
Very caring - attends to the patient's medical problem asap.	You guys are doing a good job.	Job-well done
Arrived promptly after emergency call and were very professionally.		
You're paramedic was extrordary She is a pure professional.	Give driver better exit avenue's out of housing project	service was GREAT
Personnel was curteous, Proffesional and friendly.	I have no suggestions.	
handling of James, communication esting	I can't think of ONEI	
Everything	Just be there & they were	All the REMSA was very good, gentel, kind & very patience. I was very scary but they calmed
Professional care and timely care to ensure Immediate help.		Thank you for being there for me and my family. I was put in Scripps San Diego after release from Carson Tahoe. - Still
Everything	You have done it	You was on top of it all the way
"heart" The Dispatcher helped me when I was having a problem getting air in my lungs	Do not have me take all my pills to the hospital when I said I had a llistl	They where very good when I was very scard. and made me fill good when I was in alot of
Got here quickly - professionally.	Increase pay for employees, they work hard for the money.	Don't send drivers on calls so close to the time they're due to clock out, be nicer in dispatch! Stock and clean ambulances better. Let drivers turn off hot, noisey ambulances. Try to get hospitals to more sensitive to urgency in "emerency" rooms. Thanks.
everything :)	Remsa is a very good service	Remsa care service is the best.
M.T. Everything as trained.	Just keep up the good work.	M.T. do good work every day.
Stitched the top of my head very nicely	not charge as much	
Good response + excellent professionalism	N/A	N/A everything was great
ery professional / being that an ambulance isn't the best place to be I was very comfortable.	N/A	N/A
Very efficient, no siren but by the time I left our neighborhood was in full attendance.	I can't think of a single thing. Renown will get all my ire	

What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
The Remsa customer Service was very friendly and helpful They asked question to make sure	It sounded as if we were comfortable there was communication.	problem between the dispatcher/hospital staff and the Remsa staff.
Incredably skillful.	How can we be sure Ted will always be taken to Renown Mill St.	Thank you.
Everything	Just keep up the good work	
All things very professional		
Everything!		Professional, courtious and caring Services were rendered, Very Commendable! " Thank you very much !!!"
My son was at a day camp swimming when he was hurt. I was not around.		
They put a breathing ball or mask on her mouth.	You did a great job.	If possible have a bilingual person on hand.
Arrived in a timely manner. Made sure our pets were secured and shut-off appliances.		
Your personnel were wonderful - kind, considerate, competent, and compassionate.	Better shock absorbers - a rough ride for broken bones.	Excellent
As you know we had some problems the last time we used Remsa but we are pleased with your service this time.	We appreciate the service you provide. Thanks -	
You calmed me down in the ambulance	Nothing - you did a good job!!	Your care in people is obvious - everyone did a fantastic jobs.
made me feel very comfortable and reall calmed my nerves		Excellent
Friendly + cared about my situation. Good human touch. Speedy too.		
crew were fantastic		Thank you!
Took great care with myself	Hope to not see you soon	Thank you so much
Did very well	Keep being good + doing good job	We did not speak to billing staff.
Everything + Everyone was great!		
		no complaints - service + care was professional + courteous! Put me at ease.
I was not along for the transfer. because I was in the process of driving from Elko - but I heard no negative comments	-	He gave only positive comments about your expediency + efficiency
everything	nothing	Every one did their job very well.
The men were so kind, put me at ease. So helpful they drove so carefully - no bumps. He put a needle in my arm so so carefully hardly hurt. I can't say enough how kind they were. Thank you!		
I wasn't really concious but as far as I know they did great. Arrived in 3 minutes - which probably saved my life.		Thank you!
From the minute they came into the house they were courteous, kind, very knowledgeable	As far as we are concerned - nothing they are the greatest.	The respect they give you when you are so vulnerable. They are great.

What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
	Return my wallet that was stolen by the hispanic paramedic containing \$240.00 and two credit cards.	I have two witnesses who seen the paramedic steal my wallet.
Let me know I could trust your staff	nothing	Can I please be notified when your having the annual membership
The Remsa crew was very professional and treated my mother with respect + care, while trying to explain things to us. They were a very calming influence. Response time was excellent.		
Everything!	No idea	I took quite a few bags + things. They all fetched + humped + were very helpful + comforting. Thanks to all!
You made me feel at ease.	I can't think of a thing.	every one did its job very well.
		I felt all was handled professionally
Provided comfort and reassurance.		The paramedics were self-confident, very professional and encouraged me.
Responded very quickly.	Nothing. Just keep up the good work that you always do.	
skilled + professional transport		
Everything		The service was outstanding
This was the third time we have had REMSA to the use in a year and a half and have no complaints		
All things were done - to satisfaction.	Everything is OK.	Your service - was very good.
Yes - best as I remember	nothing - guys were great	
They got me to the hospital.		everything was good. I was very please with the service.
My Guardian Angels Remsa Thank you!		I realize priority in saving lives however, where personal property concerned, some attention might be afforded. At the scene my watch was removed by the fire dept. or Ambulance crew - unknown who. After claim of lost learned later, was in my mailbox at work - ?? Glad to get it back but maybe future situation some system could prevent miscommunication of claims - Again thank you very much, your staff and service gives me great peace of mind.
as soon as personnel came in everything was checked (that is vital signs)		
keeping situation calm	faster er-services	
Everything, explained thoroughly what they were giving me to calling ahead to hospital.		
.A. Hospital to reno airport for air transport	I do not remember much of what transpired.	They were able to move all 260 lbs. with great care thank you.
Got me breathing!	Ammen snake Bite (Amputation) at Renown.	Saint Mary's draws out blood ANTI-Venom for Immunology!

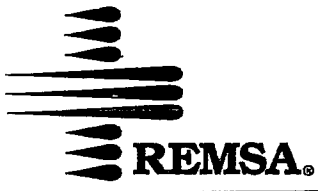
What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
Timely arrival, and delivery of patient to hospital.	Person who administered IV was more painful than the heart attach. Took 2 weeks for scars to disappear.	
From time they stepped in the front door the crew did every thing professionally + very well -	I do not believe it could be done any better.	I could not have done without this service!
		Staff always considerate of elderly patients
The Dispatcher and entire were quick, helpful, and kind.	I think you are doing a great job now	Your service in general is just about perfect.
Was very patient while I notified a friend	nothing - you have everything dialed in Thank You	
They made me feel comfortable and un-afraid. Very quick + efficient!		
Listened to my problem + cared for me with feeling + speed.		You have always done an excellent job even if I was just scared.
The 3 guys worked really well together. They communicated well w/my Grandfather (patient) and myself (G. Daught) informing us to what they were doing or going to do. As well as they moved at their own pace, making sure not to upset him and worked well w/him.		Please thank the three gentlemen that helped us!! Don't know how they do it. They were Great.
Saved his life		I was not present when this happened. I was called and went to emergency.
	You clean up after yourself. I think it should be policy for you to clean up after any suicide or homicide scene. Why should the family have to pick up the pieces. Not only did we have to clean up blood but we had to clean up gauze and saringes. Please clean up after yourselves. Why didn't you clean the scene up? Why?	
		Thank you for your service!!
Prompt service - compassion. Careful driving for sure - no speed,	Be there	File of Life - divider - not pocket size) I have a good one in a pocket on my refrigerator.
The people that took me from the hospital Northern Nevada to Renown were GREAT!		
The crew were really polite + courteous.	I do not have insurance at the moment. Please be patient w/me on paying my bill. In one week I will not be employed.	I have been applying for financial aid.
communicated one-on-one with patient on-going - I appreciate it	I was having diarrhea and needed on-going clean up equipment along the way	good service - communication
The EMT's were very considerate of my mom's age + treated her very nice		
		Crew did not come into scene and did not give St Marys proper information to hospital. Very rude as well. Wanted to take me to other hospital. My insurance information was not collected. Would like to continue follow up on a report on poor service on this matter.
Got me there	Didn't need 6 (or more) agents useless. Reduce pricing.	Reduce pricing.
Very compassionate + patient	Nothing, it was excellent service	

What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
Very efficient. They calmed my child down.		
My husband was sent to the ER from nursing home was charged \$984.00 one way. On return he waited for a very long time to be taken back - this happened twice. Wait was long, I called your office and spoke to a person I was inquiring after the bill and she rudely told me that's how much we charge or we can't stay in business. The \$984.00 was for one way \$700 for the return trip.		Medicare will pay - I still think this is a rip off. No wonder there's a health crisis. Not happy with your service at all.
	Give some kind of discount to people they have to pay out of pocket.	
All was performed well	Service was exceptional	Courteous and caring
Well the guys were very helpful and they took good care of me. Very nice person.	Stay the same	Everyone was very helpful.
I was very impressed by speed and personnel.		
8/6/09 from Urgent care to Saint Mary's. The young man working w/me feel full of hope. Confidence	Nothing. Keep doing what you do.	Very professional. Those responding to my heart pains (911) were very efficient, professional. I felt taken care of.
I am not pleased overall with REMSA except that I was allowed to do payments.	One of the female workers was very mean, telling everyone in the hospital about my condition. She kept rolling her eyes and made it apparent that I was a big nuisance because she was about to get off her shift. I would have been frustrated if I had to deal with someone like me but she was very cold and callous. Everyone else was kind except one female worker with long hair. I wish I had gotten her name.	
Kept me comfortable and confident.	Nothing. Keep doing what you are doing.	Very professional
Ambulance transport from airport to Renown Rehab Hosp.	Continue as you are	None
Explaining situation and telling us what you will do next.		
Everything		We were very pleased with the way everything was handled.
Nice and polite. Helpful and made me feel safe.	The ride over was rough. It took way too long. It was bumpy and seemed like they took the long route.	I feel like the ride was the only worse part. Took too long and was bumpy. I also had a friend that got to the hospital faster than we did.
I think the bill outrageous - They performed no heroic or meds.	When I called I got a recording "Please stay on the line for the next avail opr."	I think in this day + age, with the economy the way it is, options for discounts should be provided.
Checked vital signs before rolling.	Ask patient (if coherent) where they would like to be brought - don't assume	I was woozy but I heard - "You're going to Renown" - My wife then said NO - St. Mary's where many of my health records are.
Called family to inform us of pt's fall. Crew advised pt as ok and that they would not transport her.	Did not tell us they changed their minds and decided to transport pt to hospital. We found out @ 8 hrs later!	
1. Quick + efficient care 2. With compassion		
Everything!	We have no complaints - Everyone was wonderful - Thank you!	

What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
You did everything great. Thank you!	Everything was great.	I have none
ken care of my mom in a respectful caring manner		
Paid attention to instructions on how to handle situation they had not seen before.	Be more punctual - 2 hours laying in one position was no fun.	Having your crew after they have been on duty 15+ hours is not reassuring and foolish on your part.
take good care of me		I was happy with everything
They made it a not as scary experience and I liked their upbeat attitude	they were great + even made me laugh a little even though I was in pain.	
respond quickly, calmed me, sweet got my heart rhythm to normal, smiled	nothing - They were the Best	I wish I could get their names and thank them again. I wish they could get good feedback from
Patient care; clear explanations		Friendly, professional, helpful
care and compassion. Very prompt and professional. Made patient feel at ease		
Everything - from my IV to calming and made to feel everything would be fine.		Very professional and gentle
Responded quickly, treated patient with respect, were efficient.	Unknown.	Dispatcher could speak up and speak slower, she needs to remember many people do not have time to put in their hearing aids before calling 911.
I was in pain and they were very kind to me	Very professional service	
reatment of the patient	No change necessary	Handle of the patient was professional.
The paramedics made me feel safe when I was in a panic.	They were excellent.	I have used Remsa many times. Two years ago I cut my head wide open and they were so helpful.
Dispatcher + crew very caring + was very mindful of my husband's delicate condition.		I am very grateful for your help + support.
Friendly crew - professional attitude.	Nothing noted, excellent service!	Crew was totally professional. Excellent driving, very comfortable ride from airport to hospital.
As always you people are superb!	nothing at the moment.	I have used your services twice now. If word-of-mouth means anything - you guys are first class! thank you.
you were kind + considerate.	Just stay the same	
Everything, + you always do!	nothing	Excellent service!

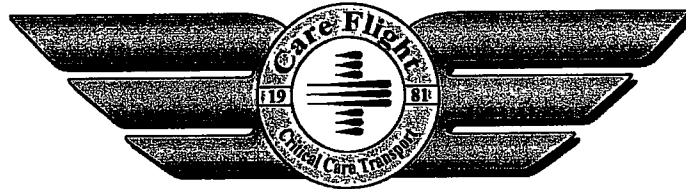
What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
Extremely responsive and timely.	I felt I was 'dumped' into Renown emergency. Techs said someone would be with me in about "5 minutes" - I was there (without being seen) for over 2 hours. Techs have no influence over how long it might take - understand that but they needed to be more honest with me. The ER was very busy but I asked if I would need to wait until all the other people were served and the tech said "oh no" & pointed to the plastic band he had put on my wrist - as if that were something special that would get me in sooner. I feel that need to communicate the reality of the situation. I hated waiting over 2 hours for a bed, but had the techs provided me with the right info I could have made better decisions for myself e.g. whether to stay or leave, etc. The guys were nice and sweet but I felt they were totally distracted!	I have used Remsa before and always felt as if I (& my condition) was important. This was not an 'important' emergency in the grand scheme of things but I feel I needed to be treated differently. I was not treated badly, by any means but I was not told the whole truth and felt "dumped".
they were gentle handling me.	Get here faster!	very intelligent willing to listen. Very good service. team members well trained.
Everyone (if conscious) is scared when picked up by Ambulance they made me feel a little less scared. They did a good job.	Just remember how frightened people are	
You did well in every way. The workers even had my grand daughter calmed down.		The crew was very professional. I do not know what you can do better. Thank you.
Good response time/mauvered guerny in very close quarters	Tell the fire dept not necessary to respond to ambulance only call.	
Everything.	Good job by everyone involved.	The attempt at anttravenous line on left, top of hand was unsuccessful.
Your crew moved me to another care location without any pain, they even made sure the hospital bed I was being placed in was safe sense they noticed the bed was uneven, they really make the manor care staff fix the bed before they would make the transfer from your ambulance to the bed, I could of been injured if they, your staff would not have did the job they did, Im really grateful, I would also like to say that your crew was the first crew that moved me without hurting me, I weigh 270 LBS and they picked me up standing on the bed like I weighed about 50 lbs it really made my day Thanks again.		
All done expertly and professionally and speedily		
communicate, were very polite, friendly and fast - they were great!	Just keep on doing what you do.	above comments say it all.
Everone was so helpful. Everone take real good care of me! Thank you all!		
total service excellent	can't think of anything!	The entire situation was handled admirably!
took me to the hospital	continue what you're doing	

What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
The staff was very nice to my daughter.	I got the impression that the paramedics did not feel that my daughter needed an ambulance to transport her. But, as I had not seen what had happened when she fell, I was home alone with 3 other young children who all still need car seats, she was bleeding, had swallowed blood + has asthma, I didn't want to transport her myself @ rush hour in case there was a problem. I didn't want to put my other children in danger in case she suddenly had an issue. We had been taught in our REMSA-taught First Aid/CPR for kids + adults that kids can seem fine + then suddenly crash. The firemen on scene seemed more understanding of this than the paramedics. They seemed to almost be humoring me. I was a bit disappointed. And, if it happened again I would do nothing differently.	
The people seemed to realize what was needed & explained what they were doing during the work.	Hopefully I'll not need you. But if I do, I know you'll be there.	I believe you covered it. Thank you!!



Regional Emergency Medical Services Authority

**CARE FLIGHT
CUSTOMER SERVICE
FOR
SEPTEMBER 2009**



CARE FLIGHT CUSTOMER COMMENTS SEPTEMBER 2009

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
1	They flew very well.		
2	I was transferred in a very efficient manner from graeagle CA to Renown to Reno, NV. Very good and efficient.		
3	As a critical care RN and director, I was extremely pleased with the flight RN (male) and medic. Wonderful!		
4	professional, calm		nothing but the highest respect for your personnel and regard for your service. Can't thank you enough.
5	Did a great job communicating situation and helping us to feel at ease!	Nothing - you are Godsend!	keep doing a wonderful job, we need more like you.
6	Everything!	Nothing	Service was excellent and much appreciated
7	considerate.		
8	These people are wonderful.	They are God's angels.	
9	Very helpful and courteous	It was very good.	
0	Saved my life in a timely manner.		Excellent care pleasant, friendly staff. Please let them know that all is good and thanks.
11	Got Bob to St. Mary's safe and fast	Everything was fine.	Glad to know how well everything when we needed immediate help. Thanks!
12	In care service was good.	Have longer hours for billing. Ask for insurance information from patient prior to billing.	
13	Care Flight people were excellent in my opinion. They are very caring and very sensitive to our feelings and needs. All our questions were answered. They are very professional people.		We thank them deeply.
14	Everyone was very helpful and made me feel secure and in good hands. Personnel very professional.		
15	Very well, the ladies were great.		
16	All of what you did was well done.	Keep up the good work.	
17	Arrived promptly. Very courteous. Left asap.		



Regional Emergency Medical Services Authority

REMSA
PUBLIC RELATIONS REPORT
FOR
SEPTEMBER 2009

PUBLIC RELATIONS

September 2009

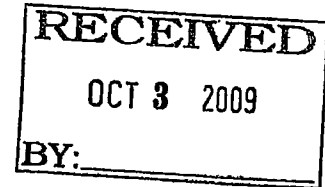
ACTIVITY	RESULTS
Wrote and Distributed "Community Advisor" regarding childhood sports safety, ATV safety, home maintenance safety and if emergency medical providers can find your home.	Multiple rural newspapers printed the Community Advisor verbatim with numerous references to REMSA, SEMSA and Care Flight.
Altered and distributed press release regarding Pine Middle School distracted driver press release.	Melissa Krall did an interview with the RGJ on 9/2 and the story ran in the newspaper on 9/3/09.
Answered questions from KOLO regarding number of care Flight transports were made from Burning Man.	
Finalized and distributed a press release regarding the REMSA/Safe Kids miniature golf tournament in October.	Calendar listings began appearing the second week of September to promote the event.
Wrote and distributed press release regarding Cindy Davis earning the Northern Nevada Human Resources Super Star Award.	Story will run in October.
Coordinated getting Care Flight on the Douglas County Board of Commissioners meeting so they can present and award to East Fork Fire.	Presentation took place in Minden on Oct. 1.
Worked with Debbie Zalmana to update press release on flu shots for the homebound.	Press release will go out on Oct. 5.



EAST FORK FIRE AND PARAMEDIC DISTRICTS

P.O. Box 218
1694 County Road
Minden, NV 89423
(775) 782-9040 (775) 782-9043

Tod F. Carlini, District Fire Chief
Steve Eisele, Deputy Chief
David Fogerson, Deputy Chief
Steve Tognoli, Deputy Chief



October 2, 2009

Care Flight
450 Edison Way
Reno, NV 89502.

Attention: Temple Fletcher, Operations Manager

Dear Temple:

I would like to formally thank you on behalf of the East Fork Fire and Paramedic Districts for the plaque of recognition you presented to us at the Douglas County Board of Commissioner meeting on October 1, 2009. I apologize for not being present to discuss our shared working relationship with the Board and want you to know how much this recognition meant to us.

East Fork was happy to assist Care Flight in the survival training because you have been there for us through the years. Not only does Care Flight provide us with air medical helicopter service for alarms, but you also provide us with nurse educators to train our responders. Having such a relationship provides for the best patient care as our staff members have an established working relationship.

Thank you once again for the plaque of appreciation. Please feel free to let us know of any other way we can assist. We look forward to many additional years of working together in service to the community.

Respectfully,

David Wm. Fogerson
Deputy Fire Chief

RENO GAZETTE-JOURNAL

LOCAL LIFE

CONTACT
Mimi Beck Knudsen
775.788.6556
MKNUDSEN@RGJ.COM

■ WHAT MATTERS TO US IN NORTHERN NEVADA ■

Tuesday, September 15, 2009 ♦ RGJ.com/Living

FOCUS ON: HEALTH



PHOTOS BY DAVID B. PARKER/RGJ

Care Flight pilot Kristi Grant demonstrates the daily inspection she or a mechanic must give to the helicopter she flies at the Renown Regional Medical Center's rooftop helipad. Grant is the first female pilot contracted by Care Flight.

RESPONSIBILITY, CARE IN THE AIR

BY GERALDA MILLER
gmiller@rgj.com

Truckee
woman is
first female
pilot for
Care Flight



Care Flight pilot Grant takes off from Renown's rooftop helipad.

Grant joined Care Flight in January after working as an EMS pilot in Arizona and California. She said the field is slowly opening to women.



No two days are the same for Kristi Grant, a Care Flight helicopter pilot stationed in Truckee.

That's what she loves about her job, transporting patients in need of emergency medical service.

"The flying part of it is a lot of fun," she said. "You're going out and doing something that you like to do. I'm all over the place every day. It's a lot of fun with the anticipation not knowing where you're going to go."

Grant joined Care Flight in January after working as an EMS pilot in Prescott, Ariz., and Auburn, Calif. She is one of 14 women nationally who is working for Air Methods Corporation, which employs 975 pilots. The corporation provides aviation services for Care Flight. Grant is the first female contracted by Care Flight.

Although the breathtaking views are a perk in the 150-mile radius she covers, Grant said the job also comes with tremendous responsibility.

"I know that I have my job to do," she said.

The screams of pain from a patient and the busy activity of the medical crew must not deter her from her task as captain, which is to safely arrive at the destination.

"No matter what is happening to the patient next to me, I have to do my job," Grant said. "I am pretty darned focused on what I'm doing. I feel that I have a lot of responsibility in that."

When she began flying air ambulances, Grant said she was worried how she would react to the critical condition of the patients and the nearness of death.

Flight/Field slowly opening to women

From IC

"I think the thing that bothers me the most is seeing little kids that aren't doing well," she said. "I think that people in general working in EMS have to have some desensitization only to protect themselves. I usually take a moment to gather my thoughts, especially if I'm not flying."

Grant entered a field that slowly is opening to women. Since attending flight school in 1999, she said she has encountered some people that are closed-minded about female pilots.

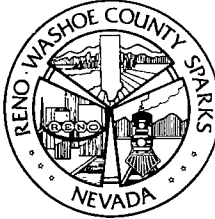
"There are so few of us spread across the country," she said. "But it really has changed a lot."

'I usually take a moment to gather my thoughts.'

KRISTI GRANT
■ Care Flight pilot

Truckee is one of three Care Flight bases located in the Northern Nevada area, which are under the authority of the Regional Emergency Medical Services Authority.

Growing up in the Bay Area, Grant said she spent her summers at Lake Tahoe. The 32-year-old said she's happy to be so close to home.



DISTRICT HEALTH DEPARTMENT

November 9, 2009

To: Members District Board of Health
 From: Eileen Coulombe
 Subject: Public Health Fund Revenue and Expenditure Report for October 2009

Recommendation

Staff recommends that the District Board of Health accept the attached report of revenues and expenditures for the Public Health Fund for October of fiscal year 10.

Background

The attached reports are for the accounting period 04/10 and the percentages should approximate 33% of the year. Our total revenues and expenditures for the current year (FY10) compared to last year (FY09) are as follows:

October 2009	FY10 – REV	FY09 – REV	FY10 – EXP	FY09 – EXP
Transfer	16%	33%		
AHS	23%	18%	28%	27%
AQM	25%	29%	26%	30%
CCHS	26%	22%	29%	32%
EHS	35%	38%	34%	35%
EPHP	17%	24%	20%	29%
TOTAL	24%	26%	28%	31%

The Environmental Oversight Account for October 2009 is \$162,982.45.

I will be happy to any questions of the Board during the meeting or you may contact me at 328-2417.


 Administrative Health Services Officer

Enclosure

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
422503 Environmental Permits	69,000.00	12,986.00	56,014.00	19	125,000.00	48,553.85	76,446.15	39
422504 Pool Permits	33,000.00	11,077.00	21,923.00	34	100,000.00	20,885.00	79,115.00	21
422505 RV Permits	10,500.00	2,918.00	7,582.00	28	15,000.00	5,387.00	9,613.00	36
422507 Food Service Permits	355,000.00	112,176.00	242,824.00	32	410,000.00	125,799.00	284,201.00	31
422508 Wat Well Const Perm	44,000.00	16,716.00	27,284.00	38	40,000.00	13,098.00	26,902.00	33
422509 Water Company Permits	12,000.00	1,687.00	10,313.00	14	25,000.00	4,224.00	20,776.00	17
422510 Air Pollution Permits	402,399.00	99,884.00	302,515.00	25	420,550.00	131,508.25	289,041.75	31
422511 ISDS Permits	90,000.00	17,703.85	72,296.15	20	125,000.00	36,324.00	88,676.00	29
422513 Special Event Permits	75,000.00	47,476.20	27,523.80	63	80,000.00	56,603.00	23,397.00	71
422514 Initial Applic Fee	38,000.00	12,240.00	25,760.00	32	9,040.00	9,040.00	9,040.00	
* Licenses and Permits	1,128,899.00	334,864.05	794,034.95	30	1,340,550.00	451,422.10	889,127.90	34
431100 Federal Grants	7,599,743.76	1,507,572.24	6,092,171.52	20	6,797,766.45	1,240,705.11	5,557,061.34	18
431105 Federal Grants - Indirect	29,531.00	9,805.13	19,725.87	33	689.38	689.38	689.38	
432100 State Grants	497,340.94	138,479.20	358,861.74	28	809,529.80	184,896.10	624,633.70	23
432310 Tire Fee NRS 444A.090	370,534.52	209,568.78	160,965.74	57	415,000.00	276,583.09	138,416.91	67
432311 Pol Ctr 455B.830	280,000.00	76,400.00	203,600.00	27	280,000.00	161,070.00	118,930.00	58
* Intergovernmental	8,777,150.22	1,941,825.35	6,835,324.87	22	8,302,296.25	1,862,564.92	6,439,731.33	22
460162 Services to Other Agencies	63,657.69	23,909.21	39,748.48	38	195,859.10	34,745.77	161,113.33	18
460500 Other Immunizations	110,000.00	32,776.35	77,223.65	30	165,000.00	46,717.00	118,283.00	28
460501 Medicaid Clinical Services	36,500.00	6,796.11	29,703.89	19	30,750.00	25,762.25	4,987.75	84
460503 Childhood Immunizations	190,000.00	58,768.75	131,231.25	31	190,000.00	90,222.00	99,778.00	47
460505 Non Title X Revenue		1,369.00	1,369.00			2,543.00	2,543.00	
460508 Tuberculosis		2,416.65	7,583.35	24	8,000.00	7,147.24	852.76	89
460509 Water Quality						140.00	140.00	
460510 IT Overlay	121,001.00	39,607.00	81,394.00	33	150,000.00	49,335.00	100,665.00	33
460511 Birth and Death Certificates	215,000.00	71,255.00	143,745.00	33	230,000.00	76,193.20	153,806.80	33
460512 Duplication Service Fees	200.00	52.50	147.50	26	800.00	126.50	673.50	16
460513 Other Heat Service Charges	8,000.00	1,387.00	6,613.00	17	23,800.00	3,047.15	20,752.85	13
460514 Food Service Certification	8,000.00	5,777.00	2,223.00	72	8,000.00	2,850.00	5,150.00	36
460515 Medicare Reimbursement	500.00	672.90	172.90	135	250.00	892.07	642.07	357
460516 Pgm Inc-3rd Prty Rec	9,000.00	2,533.05	6,466.95	28	3,000.00	3,293.46	293.46	110
460517 Influenza Immunization	5,000.00	7,170.06	2,170.06	143	10,000.00	860.00	9,140.00	9
460518 STD Fees	30,000.00	8,798.43	21,201.57	29	60,000.00	13,879.62	46,120.38	23
460519 Outpatient Services	12,500.00	42.00	12,458.00	0	11,500.00	3,946.00	7,554.00	34
460520 Eng Serv Health	90,500.00	19,385.00	71,115.00	21	120,000.00	57,312.00	62,688.00	48
460521 Plan Review - Pools & Spas	5,000.00	4,427.00	573.00	89	3,000.00	1,716.00	1,284.00	57
460523 Plan Review - Food Services	30,000.00	6,368.15	23,631.85	21	40,000.00	11,410.46	28,589.54	29
460524 Family Planning	100,000.00	22,885.63	77,114.37	23	100,000.00	36,033.61	63,966.39	36
460525 Plan Review - Vector	64,000.00	11,320.00	52,680.00	18	75,000.00	23,370.00	51,630.00	31
460526 Plan Review-Air Quality	15,500.00	11,428.00	4,072.00	74	14,837.00	14,046.00	791.00	95
460527 NOE-AQM	32,900.00	29,798.00	3,102.00	91	32,900.00	20,160.30	12,739.70	61
460528 NESHAP-AQM	62,000.00	33,469.00	28,531.00	54	167,900.00	23,335.00	144,565.00	14
460529 Assessments-AQM	22,000.00	10,665.00	11,335.00	48	36,630.00	10,224.00	26,406.00	28
460530 Inspector Registr-AQ	1,900.00	3,735.00	1,835.00	197	2,100.00	2,100.00	2,100.00	
460531 Dust Plan-Air Quality	178,333.00	56,426.00	121,907.00	32	178,333.00	139,323.00	39,010.00	78

Washoe County Health District
 REVENUE
 Pgs 1 - 4, FY 2010

Account's	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
460533 Quick Start		170.00	170.00					
460534 Child Care Inspection	9,000.00-	4,015.00-	4,985.00-	45				
460535 Pub Accomod Inspectn	21,000.00-	4,661.00-	16,339.00-	22				
460570 Education Revenue		4,628.00-	4,628.00					
* Charges for Services	1,451,491.69-	486,711.79-	964,779.90-	34	1,857,659.10-	698,630.63-	1,159,028.47-	38
484050 Donations Federal Pgm Income		100.00-	100.00-					
485300 Other Misc Govt Rev	450.00-	264.00-	186.00-	59				
* Miscellaneous	450.00-	364.00-	86.00-	81				
** Revenue	11,357,990.91-	2,763,765.19-	8,594,225.72-	24	11,500,505.35-	3,012,617.65-	8,487,887.70-	26

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
701110 Base Salaries	10,569,466.97	3,087,818.68	7,481,648.29	29	11,240,002.38	3,470,658.52	7,769,343.86	31
701120 Part Time	700,249.99	217,598.51	482,651.48	31	1,045,046.35	290,890.99	754,155.36	28
701130 Pooled Positions	257,259.33	58,738.83	198,520.50	23	197,135.86	57,435.08	139,700.78	29
701140 Holiday Work	1,500.00	846.49	653.51	56	1,500.00	1,071.36	428.64	71
701150 Contractual Wages	255,500.00	14,721.92	240,778.08	6	96,339.87	13,846.75	82,493.12	14
701200 Incentive Longevity	166,450.00	1,264.66	165,185.34	1	169,100.50	1,101.81	167,998.69	1
701300 Overtime	299,520.21	44,949.47	254,570.74	15	69,385.91	21,717.12	47,668.79	31
701406 Standby Pay	30,000.00	10,561.61	19,438.39	35	35,000.00	9,630.71	25,369.29	28
701408 Call Back	3,000.00	1,403.89	1,596.11	47	6,000.00	1,547.86	4,452.14	26
701412 Salary Adjustment	186,005.59		186,005.59		273,978.53-		273,978.53-	
701413 Vac Payoff/Sick Pay-Term		64,981.52	64,981.52-			151,349.67	151,349.67-	
701417 Comp Time		23,542.25	23,542.25-			22,387.37	22,387.37-	
701419 Comp Time - Transfer						5,898.46	5,898.46-	
701500 Merit Awards	329,645.39-		329,645.39-		254,000.00-		254,000.00-	
* Salaries and Wages	12,139,306.70	3,526,427.83	8,612,878.87	29	12,331,532.34	4,047,535.70	8,283,996.64	33
705110 Group Insurance	1,566,307.85	471,204.30	1,095,103.55	30	1,493,380.68	449,416.36	1,043,964.32	30
705210 Retirement	2,447,498.18	706,265.13	1,741,233.05	29	2,548,069.63	762,336.92	1,785,732.71	30
705215 Retirement Calculation	200,000.00		200,000.00		147,700.00		147,700.00	
705230 Medicare April 1986	149,962.42	46,065.31	103,897.11	31	161,008.60	52,044.77	108,963.83	32
705320 Workmens Comp	64,271.45	20,444.52	43,826.93	32	81,600.00	27,066.52	54,533.48	33
705330 Unemply Comp	12,350.00		12,350.00		13,260.00		13,260.00	
705360 Benefit Adjustment					19,155.00		19,155.00	
* Employee Benefits	4,440,389.90	1,243,979.26	3,196,410.64	28	4,464,173.91	1,290,864.57	3,173,309.34	29
710100 Professional Services	1,803,004.72	170,735.40	1,632,269.32	9	1,106,898.07	294,974.10	811,923.97	27
710105 Medical Services	13,600.00	5,130.50	8,469.50	38	13,700.00	3,014.00	10,686.00	22
710108 MD Consultants	55,382.00	12,787.50	42,594.50	23	57,140.00	14,875.00	42,265.00	26
710115 Prof Eng Services						1,208.31	1,208.31-	
710119 Subrecipent Payments	189,994.00	31,237.00	158,757.00	16	304,994.00	76,287.00	228,707.00	25
710200 Service Contract	91,110.00	50,347.31	40,762.69	55	116,754.00	66,469.14	50,284.86	57
710205 Repairs and Maintenance	14,970.00	3,952.22	11,017.78	26	17,335.63	1,632.28	15,703.35	9
710210 Software Maintenance	350.00	17,802.29	17,452.29-	5,086		9,000.00	9,000.00-	
710300 Operating Supplies	171,466.92	39,422.17	132,044.75	23	185,981.66	55,883.58	130,098.08	30
710302 Small Tools & Allow	1,385.00		1,385.00		2,950.00		2,950.00	
710308 Animal Supplies	2,000.00		2,000.00		2,000.00		2,000.00	
710319 Chemical Supplies	560,707.00	359,672.88	201,034.12	64	621,588.00	361,579.46	260,008.54	58
710334 Copy Machine Expense	36,067.03	8,040.39	28,026.64	22	41,362.18	10,694.53	30,667.65	26
710350 Office Supplies	63,852.09	17,332.11	46,519.98	27	56,718.55	24,241.81	32,476.74	43
710355 Books and Subscriptions	7,596.55	2,838.48	4,758.07	37	9,988.50	3,042.56	6,945.94	30
710360 Postage	26,971.87	6,800.16	20,171.71	25	6,951.57	7,915.34	963.77-	114
710361 Express and Courier	1,135.00	64.84	1,070.16	6	18,150.00	194.61	17,955.39	1
710391 Fuel & Lube	100.00		100.00		100.00		100.00	
710500 Other Expense	71,277.84	5,421.96	65,855.88	8	52,568.75	17,319.42	35,249.33	33
710502 Printing	50,391.76	6,188.71	44,203.05	12	41,043.48	3,036.73	38,006.75	7
710503 Licenses & Permits	8,325.00	2,977.67	5,347.33	36	10,415.00	1,271.00	9,144.00	12
710504 Registration	900.00-		900.00-					

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
710505 Rental Equipment	2,269.00	300.00	2,269.00		10,169.00	155.52	10,169.00	
710506 Dept Insurance Deductible		1,652.31	300.00-			1,548.50	155.52-	
710507 Network and Data Lines	4,605.00	15,375.08	2,952.69	36	455.00	16,757.45	1,093.50-	340
710508 Telephone Land Lines	64,993.43	5,708.00	49,618.35	24	74,905.48	9,849.00	58,148.03	22
710509 Seminars and Meetings	32,600.00	4,482.63	26,892.00	18	66,296.00	5,171.99	56,447.00	15
710512 Auto Expense	15,619.00	5,271.51	11,136.37	29	26,645.18	5,578.81	21,473.19	19
710519 Cellular Phone	13,597.00	3,511.00	8,325.49	39	24,205.00	1,525.00	18,626.19	23
710529 Dues	4,416.00	3,417.56	905.00	80	5,280.00	8,856.89	3,755.00	29
710535 Credit Card Fees	12,394.78	4,925.59	8,977.22	28	65,626.52	56,769.63	56,769.63	13
710546 Advertising	26,398.00	232.87	21,472.41	19	3,500.00	3,500.00	3,500.00	
710577 Uniforms & Special Clothing	3,150.00		2,917.13	7				
710585 Undesignated Budget	31,331.06	1,293.40	31,331.06					
710590 Bad Debt Expense		74,997.90	1,293.40-					
710600 LT Lease-Office Space	195,423.01		120,425.11	38	256,446.13	79,936.76	176,509.37	31
710620 LT Lease-Equipment		48,153.66	201,247.02	19	5,940.00	2,970.00	2,970.00	50
710703 Biologicals	249,400.68		201,247.02		287,009.61	83,930.51	203,079.10	29
710714 Referral Services		21,794.98	101,555.02	18	8,700.00	570.00	8,130.00	7
710721 Outpatient	123,350.00	321.98	2,128.02	13	2,050.00	737.35	1,312.65	36
710872 Food Purchases	2,450.00	36,794.09	65,029.39	36	104,964.00	43,638.60	61,325.40	42
711113 Equip Srv Replace	101,823.48	18,356.75	53,629.68	26	160,956.54	46,820.06	114,138.48	29
711114 Equip Srv O & M	71,986.43	5,630.00	6,295.00	47	19,195.00	3,700.00	15,495.00	19
711115 Equip Srv Motor Pool	11,925.00	17,705.72	36,467.92	33				
711117 ESD Fuel Charge	54,173.64	21,976.64	44,953.36	33	58,667.00	19,555.72	39,111.28	33
711119 Prop & Liab Billings	66,930.00	14,017.23	169,968.96	8	188,045.22	24,510.99	163,534.23	13
711210 Travel	183,986.19	122,159.56	50,359.06-	170	103,981.03	32,911.28	71,069.75	32
711504 Equipment nonCapital	71,800.50	1,168,830.05	3,344,578.93	26	4,288,983.98	1,357,371.55	2,931,612.43	32
* Services and Supplies	4,513,408.98	84,204.12	287,220.73	23	570,176.05	83,688.59	486,487.46	15
781004 Equipment Capital	371,424.85	84,204.12	287,220.73	23	570,176.05	83,688.59	486,487.46	15
* Capital Outlay	371,424.85	6,023,441.26	15,441,089.17	28	21,654,866.28	6,779,460.41	14,875,405.87	31
** Expenses	21,464,530.43	12.60-	12.60					
485192 Surplus Equipment Sales		12.60-	12.60					
* Other Fin. Sources		12.60-	12.60					
621001 Transfer From General	8,795,500.00-	1,435,000.00-	7,360,500.00-	16	9,693,500.00-	3,157,000.00-	6,536,500.00-	33
* Transfers In	8,795,500.00-	1,435,000.00-	7,360,500.00-	16	9,693,500.00-	3,157,000.00-	6,536,500.00-	33
** Other Financing Src/Use	8,795,500.00-	1,435,012.60-	7,360,487.40-	16	9,693,500.00-	3,157,000.00-	6,536,500.00-	33
*** Total	1,311,039.52	1,824,663.47	513,623.95-	139	460,860.93	609,842.76	148,981.83-	132

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
431100 Federal Grants	1,200,096.00-	275,397.03-	924,698.97-	23	1,463,729.00-	263,331.36-	1,200,397.64-	18
* Intergovernmental	1,200,096.00-	275,397.03-	924,698.97-	23	1,463,729.00-	263,331.36-	1,200,397.64-	18
460512 Duplication Service Fees	200.00-	52.50-	147.50-	26	800.00-	126.50-	673.50-	16
* Charges for Services	200.00-	52.50-	147.50-	26	800.00-	126.50-	673.50-	16
485300 Other Misc Govt Rev	450.00-	205.00-	245.00-	46	800.00-			
* Miscellaneous	450.00-	205.00-	245.00-	46				
** Revenue								
701110 Base Salaries	1,200,746.00-	275,654.53-	925,091.47-	23	1,464,529.00-	263,457.86-	1,201,071.14-	18
701120 Part Time	1,748,051.93	535,376.45	1,212,675.48	31	2,046,648.55	576,751.55	1,469,897.00	28
701130 Pooled Positions	24,553.03	7,390.73	17,162.30	30	24,461.26	7,413.86	17,047.40	30
701200 Incentive Longevity	68,296.19	603.10	68,296.19	2	25,580.86	201.92	25,580.86	1
701300 Overtime	31,000.00	1,133.86	30,396.90	19	29,850.00	2,032.96	29,648.08	51
701412 Salary Adjustment	6,000.00		4,866.14		4,015.00		1,982.04	
701413 Vac Payoff/Sick Pay-Term	7,104.00	7,335.40	7,104.00		94,369.00	33,899.31	33,899.31-	
701417 Comp Time		26.23	7,335.40-			7,432.32	7,432.32-	
701419 Comp Time - Transfer			26.23-			5,898.46	5,898.46-	
701500 Merit Awards					91,459.00-	91,459.00-	91,459.00-	
* Salaries and Wages	1,885,005.15	551,865.77	1,333,139.38	29	2,133,465.67	633,630.38	1,499,835.29	30
705110 Group Insurance	268,699.06	85,548.10	183,150.96	32	245,985.18	75,246.57	170,738.61	31
705210 Retirement	381,561.51	114,457.37	267,104.14	30	425,683.31	116,991.00	308,692.31	27
705215 Retirement Calculation	200,000.00		200,000.00		147,700.00		147,700.00	
705230 Medicare April 1986	24,601.66	7,428.38	17,173.28	30	28,990.03	8,723.66	20,266.37	30
705320 Workmens Comp	11,458.00	3,819.32	7,638.68	33	14,800.00	4,933.32	9,866.68	33
705330 Unemply Comp	2,210.00		2,210.00		2,405.00		2,405.00	
705360 Benefit Adjustment					19,155.00		19,155.00	
* Employee Benefits	888,530.23	211,253.17	677,277.06	24	884,718.52	205,894.55	678,823.97	23
710100 Professional Services	3,300.00	150.00	3,150.00	5	4,800.00	865.00	3,935.00	18
710105 Medical Services		46.50	46.50-					
710108 MD Consultants								
710200 Service Contract	750.00	792.53	42.53-	106	150.00	90.00	90.00-	445
710205 Repairs and Maintenance	800.00	96.22	703.78	12	800.00	667.38	517.38-	6
710300 Operating Supplies	46,854.29	5,456.42	41,397.87	12	35,300.00	48.33	751.67	3
710334 Copy Machine Expense	11,594.00	2,230.58	9,363.42	19	11,879.00	1,128.99	34,171.01	32
710350 Office Supplies	16,185.00	5,984.00	10,201.00	37	16,185.00	3,853.01	8,025.99	33
710355 Books and Subscriptions	1,370.00	1,475.50	105.50-	108	1,370.00	5,353.68	10,831.32	53
710360 Postage	1,600.00	395.52	1,204.48	25	1,094.23	719.50	650.50	53
710361 Express and Courier	100.00	31.77	68.23	32	1,700.00	30.60	1,094.23-	2
710500 Other Expense	1,100.00	395.80	704.20	36	1,250.00	259.45	1,669.40	21
710502 Printing	9,550.00	557.76	8,992.24	6	9,570.00	359.91	990.55	4
710503 Licenses & Permits	2,400.00	355.00	2,045.00	15	2,500.00	171.00	2,329.00	7
710507 Network and Data Lines								
710508 Telephone Land Lines	11,800.00	3,377.29	8,422.71	29	12,510.00	150.00	150.00-	27
710509 Seminars and Meetings	5,100.00	1,395.00	3,705.00	27	5,100.00	3,430.90	9,079.10	43
710512 Auto Expense	4,350.00	480.09	3,869.91	11	4,550.00	584.72	2,911.50	13
710519 Cellular Phone	350.00	39.58	310.42	11	383.00	131.73	3,965.28	34

Washoe County Health District
 Administrative Health Services
 Pds 1 - 4, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
710529 Dues	955.00	2,410.00	1,455.00-	252	955.00	1,240.00	285.00-	130
710546 Advertising	150.00		150.00					
710600 LT Lease-Office Space	80,296.00	33,456.60	46,839.40	42	141,319.12	32,920.30	108,398.82	23
710872 Food Purchases	150.00		150.00		200.00	116.86	83.14	58
711113 Equip Srv Replace	2,122.20	827.40	1,294.80	39		835.05	835.05-	
711114 Equip Srv O & M	1,043.60	189.76	853.84	18	1,623.64	325.45	1,298.19	20
711115 Equip Srv Motor Pool		55.00	55.00-			175.00	175.00-	
711117 ESD Fuel Charge	636.64	174.47	462.17	27				
711119 Prop & Liab Billings	11,798.00	3,932.68	7,865.32	33	10,693.00	3,564.36	7,128.64	33
711210 Travel	16,500.00	2,832.72	13,667.28	17	16,500.00	3,085.34	13,414.66	19
711504 Equipment nonCapital	1,700.00	2,071.01	371.01-	122	1,700.00		1,700.00	
* Services and Supplies	232,554.73	69,209.20	163,345.53	30	281,037.76	63,389.29	217,648.47	23
** Expenses	3,006,090.11	832,328.14	2,173,761.97	28	3,299,221.95	902,914.22	2,396,307.73	27
*** Total	1,805,344.11	556,673.61	1,248,670.50	31	1,834,692.95	639,456.36	1,195,236.59	35

Washoe County Health District
 Air Quality Management
 Pds 1 - 4, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
422510 Air Pollution Permits	402,399.00	99,884.00	302,515.00	25	420,550.00	131,508.25	289,041.75	31
* Licenses and Permits	402,399.00	99,884.00	302,515.00	25	420,550.00	131,508.25	289,041.75	31
431100 Federal Grants	681,349.00	100,015.90	581,333.10	15	759,349.00	98,156.00	661,193.00	13
431105 Federal Grants - Indirect		4,253.10	4,253.10					
432100 State Grants								
432311 Pol Ctrl 455B.830	280,000.00	76,400.00	203,600.00	27	170,000.00	161,070.00	170,000.00	58
* Intergovernmental	961,349.00	180,669.00	780,680.00	19	1,209,349.00	259,226.00	950,123.00	21
460513 Other Health Service Charges		34.00	34.00		9,800.00	362.15	9,437.85	4
460526 Plan Review-Air Quality	15,500.00	11,428.00	4,072.00	74	14,837.00	14,046.00	791.00	95
460527 NOE-AQM	32,900.00	29,798.00	3,102.00	91	32,900.00	20,160.30	12,739.70	61
460528 NESHAP-AQM	62,000.00	33,469.00	28,531.00	54	167,900.00	23,335.00	144,565.00	14
460529 Assessments-AQM	22,000.00	10,665.00	11,335.00	48	36,630.00	10,224.00	26,406.00	28
460530 Inspector Registr-AQ	1,900.00	3,735.00	1,835.00	197	2,100.00		2,100.00	
460531 Dust Plan-Air Quality	178,333.00	56,426.00	121,907.00	32	178,333.00	139,323.00	39,010.00	78
* Charges for Services	312,633.00	145,555.00	167,078.00	47	442,500.00	207,450.45	235,049.55	47
** Revenue	1,676,381.00	426,108.00	1,250,273.00	25	2,072,399.00	598,184.70	1,474,214.30	29
701110 Base Salaries	1,311,733.43	412,535.16	899,198.27	31	1,388,862.47	436,975.14	951,887.33	31
701130 Pooled Positions	8,000.00	1,231.28	6,768.72	15	8,000.00	1,173.57	6,826.43	15
701150 Contractual Wages	50,000.00	50,000.00	50,000.00		50,000.00		50,000.00	
701200 Incentive Longevity	21,150.00	21,150.00	21,150.00		23,550.00	538.44	23,011.56	2
701300 Overtime	6,057.21	6,057.21	6,057.21		4,535.34	134.48	4,400.86	3
701408 Call Back		290.80	290.80		1,000.00		1,000.00	
701412 Salary Adjustment					8,608.78		8,608.78	
701413 Vac Payoff/Sick Pay-Term								
701417 Comp Time								
* Salaries and Wages	1,396,940.64	414,057.24	982,883.40	30	1,484,556.59	47,591.12	47,591.12	
705110 Group Insurance	156,554.89	50,134.47	106,420.42	32	142,279.60	8,502.93	8,502.93	33
705210 Retirement	285,871.82	88,037.64	197,834.18	31	289,544.99	44,598.20	97,691.40	31
705230 Medicare April 1986	17,726.98	5,427.98	12,299.00	31	18,901.05	88,685.53	200,689.46	31
705320 Workmens Comp	6,740.00	2,246.68	4,493.32	33	8,000.00	6,627.29	12,273.76	35
705330 Unemploy Comp	1,300.00		1,300.00		1,300.00	2,666.68	5,333.32	33
* Employee Benefits	468,193.69	145,846.77	322,346.92	31	460,025.64	142,577.70	317,447.94	31
710100 Professional Services	176,599.41	4,436.95	172,162.46	3	261,928.54	78,250.10	183,678.44	30
710200 Service Contract	350.00	363.00	13.00	104	350.00	312.84	37.16	89
710205 Repairs and Maintenance	7,000.00	1,874.70	5,125.30	27	8,792.63	143.00	8,649.63	2
710300 Operating Supplies	4,100.00	1,100.85	2,999.15	27	4,500.00	302.87	4,197.13	7
710334 Copy Machine Expense	4,387.20	1,273.34	3,113.86	29	4,387.20	1,615.51	2,771.69	37
710350 Office Supplies	3,500.00	298.21	3,201.79	9	4,500.00	2,046.42	2,453.58	45
710355 Books and Subscriptions	224.00	221.86	2.14	99	224.00	210.77	13.23	94
710360 Postage	2,200.00	1,126.12	1,073.88	51		938.01	938.01	
710361 Express and Courier	200.00	6.75	193.25	3	2,000.00	29.02	1,970.98	1
710500 Other Expense	200.00	567.77	367.77	284	1,000.00	672.86	327.14	67
710502 Printing	1,000.00	184.57	815.43	18	1,600.00	418.33	1,181.67	26
710503 Licenses & Permits	90.00	2,237.67	2,147.67	2,486				
710505 Rental Equipment	1,800.00		1,800.00		1,700.00		1,700.00	

Washoe County Health District
 Air Quality Management
 Pds 1 - 4, FY 2010

Account	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
710508 Telephone Land Lines	9,000.00	2,350.80	6,649.20	26	12,600.00	2,569.03	10,030.97	20
710509 Seminars and Meetings	4,200.00	440.00	3,760.00	10	4,200.00	390.00	3,810.00	9
710512 Auto Expense	1,200.00	271.43	928.57	23	200.00	688.24	488.24	344
710519 Cellular Phone	3,800.00	1,295.59	2,504.41	34	4,145.00	967.40	3,177.60	23
710529 Dues	435.00		435.00		435.00		435.00	
710535 Credit Card Fees	1,500.00	570.66	929.34	38	5,700.00	389.26	5,310.74	7
710546 Advertising	5,700.00	240.27	5,459.73	4	1,100.00		1,100.00	
710577 Uniforms & Special Clothing	1,100.00		1,100.00		74,490.12	30,551.20	43,938.92	41
710600 LT Lease-Office Space	74,490.12	24,688.00	49,802.12	33	1,316.00		1,316.00	
710721 Outpatient	1,316.00		1,316.00		24,384.00	11,726.00	12,658.00	48
711113 Equip Srv Replace	30,340.92	6,455.99	23,884.93	21	33,132.40	10,201.13	22,931.27	31
711114 Equip Srv O & M	13,520.37	3,593.60	9,926.77	27	275.00		275.00	
711115 Equip Srv Motor Pool								
711117 ESD Fuel Charge	12,187.68	4,322.93	7,864.75	35	5,780.00	1,926.68	3,853.32	33
711119 Prop & Liab Billings	7,940.00	2,313.32	5,626.68	29	38,964.00	1,106.35	37,857.65	3
711210 Travel	40,227.52	2,702.30	37,525.22	7	4,000.00	8,765.79	4,765.79	219
711504 Equipment nonCapital	4,000.00	2,988.24	1,011.76	75	501,703.89	154,220.81	347,483.08	31
* Services and Supplies	412,608.22	65,924.92	346,683.30	16	165,850.05		165,850.05	
781004 Equipment Capital	91,708.35		91,708.35		165,850.05		165,850.05	
* Capital Outlay	91,708.35		91,708.35		2,612,136.17	791,714.19	1,820,421.98	30
** Expenses	2,369,450.90	625,828.93	1,743,621.97	26				
485192 Surplus Equipment Sales		12.60	12.60					
** Other Financing Src/Use		12.60	12.60					
*** Total	693,069.90	199,708.33	493,361.57	29	539,737.17	193,529.49	346,207.68	36

Account	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
431100 Federal Grants	2,162,401.00-	521,051.63-	1,641,349.37-	24	2,343,949.20-	360,431.60-	1,983,517.60-	15
432100 State Grants	422,340.94-	119,229.20-	303,111.74-	28	564,279.80-	165,396.10-	398,883.70-	29
* Intergovernmental	2,584,741.94-	640,280.83-	1,944,461.11-	25	2,908,229.00-	525,827.70-	2,382,401.30-	18
460162 Services to Other Agencies	63,657.69-	23,909.21-	39,748.48-	38	86,494.00-	19,816.74-	66,677.26-	23
460500 Other Immunizations	110,000.00-	32,776.35-	77,223.65-	30	165,000.00-	46,717.00-	118,283.00-	28
460501 Medicaid Clinical Services	36,500.00-	6,796.11-	29,703.89-	19	30,750.00-	25,762.25-	4,987.75-	84
460503 Childhood Immunizations	190,000.00-	58,768.75-	131,231.25-	31	190,000.00-	90,222.00-	99,778.00-	47
460505 Non Title X Revenue		1,369.00-	1,369.00-			2,543.00-	2,543.00-	
460508 Tuberculosis	10,000.00-	2,416.65-	7,583.35-	24	8,000.00-	7,147.24-	852.76-	89
460515 Medicare Reimbursement	500.00-	672.90-	172.90-	135	250.00-	892.07-	642.07	357
460516 Pgm Inc-3rd Prty Rec	9,000.00-	2,533.05-	6,466.95-	28	3,000.00-	3,293.46-	293.46	110
460517 Influenza Immunization	5,000.00-	7,170.06-	2,170.06-	143	10,000.00-	860.00-	9,140.00-	9
460518 STD Fees	30,000.00-	8,798.43-	21,201.57-	29	60,000.00-	13,879.62-	46,120.38-	23
460519 Outpatient Services	12,500.00-	42.00-	12,458.00-	0	11,500.00-	3,946.00-	7,554.00-	34
460524 Family Planning	100,000.00-	22,885.63-	77,114.37-	23	100,000.00-	36,033.61-	63,966.39-	36
460570 Education Revenue		4,219.00-	4,219.00-					
* Charges for Services	567,157.69-	172,357.14-	394,800.55-	30	664,994.00-	251,112.99-	413,881.01-	38
484050 Donations Federal Pgm Income		100.00-	100.00-					
485300 Other Misc Govt Rev		6.00-	6.00-					
* Miscellaneous		106.00-	106.00-					
** Revenue								
701110 Base Salaries	3,151,899.63-	812,743.97-	2,339,155.66-	26	3,573,223.00-	776,940.69-	2,796,282.31-	22
701120 Part Time	2,998,790.37	842,649.21	2,156,141.16	28	3,350,766.90	1,051,920.79	2,298,846.11	31
701130 Pooled Positions	640,119.02	189,676.36	450,442.66	30	966,243.97	263,456.17	702,787.80	27
701150 Contractual Wages	52,466.14	11,453.24	41,012.90	22	37,818.00	21,122.96	16,695.04	56
701200 Incentive Longevity	54,059.00	338.46	53,720.54	1	17,302.73	188.37	17,302.73	
701300 Overtime	175.00	1,277.56	1,102.56-	730	3,835.57	980.07	2,855.50	26
701412 Salary Adjustment	123,444.65		123,444.65		403,856.66-		403,856.66-	
701413 Vac Payoff/Sick Pay-Term		34,498.59	34,498.59-					
701417 Comp Time		7,921.65	7,921.65-					
701500 Merit Awards	329,645.39-		329,645.39-		162,541.00-		162,541.00-	
* Salaries and Wages	3,539,408.79	1,087,815.07	2,451,593.72	31	3,863,459.51	1,394,911.70	2,468,547.81	36
705110 Group Insurance	519,954.04	149,762.97	370,191.07	29	558,482.31	165,126.48	393,355.83	30
705210 Retirement	792,045.04	224,237.90	567,807.14	28	896,036.24	266,594.90	629,441.34	30
705230 Medicare April 1986	48,074.59	14,272.41	33,802.18	30	53,887.66	17,233.09	36,654.57	32
705320 Workmens Comp	21,231.00	7,076.92	14,154.08	33	30,000.00	9,999.92	20,000.08	33
705330 Unemply Comp	4,095.00		4,095.00		4,875.00		4,875.00	
* Employee Benefits	1,365,399.67	395,350.20	990,049.47	29	1,543,281.21	458,954.39	1,084,326.82	30
710100 Professional Services	116,143.00	41,157.60	74,985.40	35	299,863.70	34,919.57	264,944.13	12
710105 Medical Services	13,000.00	4,124.50	8,875.50	32	13,350.00	3,014.00	10,336.00	23
710108 MD Consultants	43,382.00	9,787.50	33,594.50	23	45,140.00	10,785.00	34,355.00	24
710119 Subrecipient Payments	189,994.00	31,237.00	158,757.00	16	304,994.00	76,287.00	228,707.00	25
710200 Service Contract	1,100.00	3,443.18	2,343.18-	313	10,954.00	4,861.82	6,092.18	44
710205 Repairs and Maintenance	5,770.00	985.88	4,784.12	17	5,410.00	372.50	5,037.50	7
710210 Software Maintenance	350.00		350.00					

Washoe County Health District
Community and Clinical Health Services
Pds 1 - 4, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
710300 Operating Supplies	63,414.00	21,204.09	42,209.91	33	86,391.00	25,644.47	60,746.53	30
710334 Copy Machine Expense	16,572.00	3,621.84	12,950.16	22	17,183.00	4,399.65	12,783.35	26
710350 Office Supplies	15,087.00	2,633.89	12,453.11	17	16,679.00	3,894.62	12,784.38	23
710355 Books and Subscriptions	1,800.00	642.39	1,157.61	36	4,595.00	682.95	3,912.05	15
710360 Postage	4,720.00	1,887.29	2,832.71	40	4,350.00	2,687.80	1,662.20	62
710361 Express and Courier	535.00	15.98	519.02	3	3,650.00	82.11	3,567.89	2
710500 Other Expense	37,225.52	4,458.39	32,767.13	12	43,298.75	11,086.13	32,212.62	26
710502 Printing	10,307.24	1,724.54	8,582.70	17	16,784.00	1,327.67	15,456.33	8
710503 Licenses & Permits	3,500.00	305.00	3,195.00	9	4,780.00	1,100.00	3,680.00	23
710504 Registration	900.00		900.00					
710505 Rental Equipment	469.00		469.00		469.00		469.00	
710507 Network and Data Lines	1,405.00	751.05	653.95	53	455.00	860.83	405.83	189
710508 Telephone Land Lines	18,212.00	4,965.66	13,246.34	27	24,270.00	5,577.92	18,692.08	23
710509 Seminars and Meetings	10,700.00	1,920.00	8,780.00	18	34,897.00	5,140.50	29,756.50	15
710512 Auto Expense	9,594.00	3,267.54	6,326.46	34	20,542.00	3,393.82	17,148.18	17
710519 Cellular Phone	462.00	369.43	92.57	80	2,178.00	674.37	1,503.63	31
710529 Dues	1,550.00	550.00	1,000.00	35	2,050.00	50.00	2,000.00	2
710535 Credit Card Fees	5,935.00	1,388.25	4,546.75	23				
710546 Advertising	19,248.00	3,685.32	15,562.68	19	29,092.00	8,278.00	20,814.00	28
710577 Uniforms & Special Clothing	350.00		350.00		450.00		450.00	
710590 Bad Debt Expense								
710703 Biologicals	245,100.00	459.00	459.00					
710714 Referral Services		48,153.66	196,946.34	20	282,109.61	83,930.51	198,179.10	30
710721 Outpatient	112,986.00	21,790.74	91,195.26	19	8,700.00	570.00	8,130.00	7
710872 Food Purchases	2,300.00	321.98	1,978.02	14	140,067.88	15,830.00	124,237.88	11
711113 Equip Srv Replace	1,397.28	587.16	810.12	42	1,850.00	620.49	1,229.51	34
711114 Equip Srv O & M	904.60		904.60		1,800.00	673.32	1,126.68	37
711115 Equip Srv Motor Pool	4,725.00	322.50	4,402.50	7	3,129.54	775.04	2,354.50	25
711117 ESD Fuel Charge	538.69		538.69		320.00	410.00	90.00	128
711119 Prop & Liab Billings	21,861.00	7,286.96	14,574.04	33	21,675.00	7,225.00	14,450.00	33
711210 Travel	42,303.00	2,247.47	40,055.53	5	54,991.00	10,242.77	44,748.23	19
711504 Equipment nonCapital	5,950.00	622.84	5,327.16	10	5,017.00	53.00	4,964.00	1
* Services and Supplies	1,027,990.33	225,918.63	802,071.70	22	1,511,485.48	325,450.86	1,186,034.62	22
** Expenses	5,952,798.79	1,709,083.90	4,243,714.89	29	6,918,226.20	2,179,316.95	4,738,909.25	32
*** Total	2,800,899.16	896,339.93	1,904,559.23	32	3,345,003.20	1,402,376.26	1,942,626.94	42

Washoe County Health District
 Environmental Health Services
 Pds 1 - 4, FY 2010

Account	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
422503 Environmental Permits	69,000.00-	12,986.00-	56,014.00-	19	125,000.00-	48,553.85-	76,446.15-	39
422504 Pool Permits	33,000.00-	11,077.00-	21,923.00-	34	100,000.00-	20,885.00-	79,115.00-	21
422505 RV Permits	10,500.00-	2,918.00-	7,582.00-	28	15,000.00-	5,387.00-	9,613.00-	36
422507 Food Service Permits	355,000.00-	112,176.00-	242,824.00-	32	410,000.00-	125,799.00-	284,201.00-	31
422508 Wat Well Const Perm	44,000.00-	16,716.00-	27,284.00-	38	40,000.00-	13,098.00-	26,902.00-	33
422509 Water Company Permits	12,000.00-	1,687.00-	10,313.00-	14	25,000.00-	4,224.00-	20,776.00-	17
422511 ISDS Permits	90,000.00-	17,703.85-	72,296.15-	20	125,000.00-	36,324.00-	88,676.00-	29
422513 Special Event Permits	75,000.00-	47,476.20-	27,523.80-	63	80,000.00-	56,603.00-	23,397.00-	71
422514 Initial Applic Fee	38,000.00-	12,240.00-	25,760.00-	32	920,000.00-	9,040.00-	9,040.00-	35
* Licenses and Permits	726,500.00-	234,980.05-	491,519.95-	32	277,000.00-	319,913.85-	600,086.15-	22
431100 Federal Grants	277,000.00-	72,852.54-	204,147.46-	26	75,250.00-	62,140.95-	214,859.05-	26
432100 State Grants	75,000.00-	19,250.00-	55,750.00-	26	415,000.00-	19,500.00-	55,750.00-	26
432310 Tire Fee NRS 444A.090	370,534.52-	209,568.78-	160,965.74-	57	767,250.00-	276,583.09-	138,416.91-	67
* Intergovernmental	722,534.52-	301,671.32-	420,863.20-	42	109,365.10-	358,224.04-	409,025.96-	47
460162 Services to Other Agencies					140.00-	14,929.03-	94,436.07-	14
460509 Water Quality					150,000.00-	49,335.00-	100,665.00-	33
460510 IT Overlay	121,001.00-	39,607.00-	81,394.00-	33	14,000.00-	2,685.00-	11,315.00-	19
460513 Other Health Service Charges	8,000.00-	1,353.00-	6,647.00-	17	8,000.00-	2,850.00-	5,150.00-	36
460514 Food Service Certification	8,000.00-	5,777.00-	2,223.00-	72	120,000.00-	57,312.00-	62,688.00-	48
460520 Eng Serv Health	90,500.00-	19,385.00-	71,115.00-	21	3,000.00-	1,716.00-	1,284.00-	57
460521 Plan Review - Pools & Spas	5,000.00-	4,427.00-	573.00-	89	40,000.00-	11,410.46-	28,589.54-	29
460523 Plan Review - Food Services	30,000.00-	6,368.15-	23,631.85-	21	75,000.00-	23,370.00-	51,630.00-	31
460525 Plan Review - Vector	64,000.00-	11,320.00-	52,680.00-	18				
460533 Quick Start		170.00-	170.00-					
460534 Child Care Inspection	9,000.00-	4,015.00-	4,985.00-	45				
460535 Pub Accomod Inspectn	21,000.00-	4,661.00-	16,339.00-	22				
460570 Education Revenue		409.00-	409.00-					
* Charges for Services	356,501.00-	97,492.15-	259,008.85-	27	519,365.10-	163,747.49-	355,617.61-	32
485300 Other Misc Govt Rev		53.00-	53.00-					
* Miscellaneous		53.00-	53.00-					
** Revenue	1,805,535.52-	634,196.52-	1,171,339.00-	35	2,206,615.10-	841,885.38-	1,364,729.72-	38
701110 Base Salaries	3,399,403.84	965,825.18	2,433,578.66	28	3,324,778.61	1,078,431.36	2,246,347.25	32
701130 Pooled Positions	90,097.00	43,950.67	46,146.33	49	125,737.00	35,138.55	90,598.45	28
701140 Holiday Work	1,500.00	846.49	653.51	56	1,500.00	1,071.36	428.64	71
701150 Contractual Wages	9,500.00	6,121.44	3,378.56	64	53,900.00	7,113.35	7,113.35-	0
701200 Incentive Longevity	52,100.00	323.10	51,776.90	1	55,000.00	173.08	53,726.92	28
701300 Overtime	34,288.00	15,486.48	18,801.52	45	35,000.00	15,181.50	39,818.50	28
701406 Standby Pay	30,000.00	10,561.61	19,438.39	35	5,000.00	9,630.71	25,369.29	28
701408 Call Back	3,000.00	1,113.09	1,886.91	37		1,547.86	3,452.14	31
701412 Salary Adjustment	304.20-		304.20-					
701413 Vac Payoff/Sick Pay-Term		17,610.78	17,610.78-			18,507.87	18,507.87-	
701417 Comp Time		8,056.86	8,056.86-			560.15	560.15-	
* Salaries and Wages	3,619,584.64	1,069,895.70	2,549,688.94	30	3,600,915.61	1,167,355.79	2,433,559.82	32
705110 Group Insurance	480,654.08	140,130.45	340,523.63	29	411,165.33	130,445.93	280,719.40	32
705210 Retirement	740,272.62	208,665.84	531,606.78	28	692,578.60	221,138.29	471,440.31	32
705230 Medicare April 1986	43,911.91	13,411.21	30,500.70	31	42,676.59	14,712.46	27,964.13	34
705320 Workmens Comp	18,535.00	6,178.28	12,356.72	33	20,800.00	6,933.28	13,866.72	33

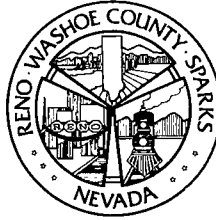
Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
705330 Unemply Comp	3,575.00		3,575.00		3,380.00		3,380.00	
* Employee Benefits	1,286,948.61	368,386.78	918,562.83	29	1,170,600.52	373,229.96	797,370.56	32
710100 Professional Services	179,930.29	75,871.00	104,059.29	42	131,160.62	44,753.88	86,406.74	34
710105 Medical Services	500.00	959.50	459.50	192	150.00		150.00	
710115 Prof Eng Services								
710200 Service Contract	87,300.00	44,132.60	43,167.40	51	104,700.00	1,208.31	1,208.31	58
710205 Repairs and Maintenance	1,000.00	723.97	276.03	72	1,100.00	60,522.82	44,177.18	70
710210 Software Maintenance		17,802.29	17,802.29			768.70	331.30	
710300 Operating Supplies	23,593.05	2,710.71	20,882.34	11	14,392.81	6,417.20	7,975.61	45
710302 Small Tools & Allow	1,385.00		1,385.00		2,950.00		2,950.00	
710308 Animal Supplies	2,000.00		2,000.00		2,000.00		2,000.00	
710319 Chemical Supplies	560,707.00	359,672.88	201,034.12	64	621,588.00	361,579.46	260,008.54	58
710334 Copy Machine Expense	1,280.00	162.57	1,117.43	13	4,550.00	133.66	4,416.34	3
710350 Office Supplies	9,150.00	4,940.51	4,209.49	54	9,075.00	3,664.38	5,410.62	40
710355 Books and Subscriptions	1,600.00	325.24	1,274.76	20	2,000.00	1,081.26	918.74	54
710360 Postage	5,900.00	2,637.09	3,262.91	45	1,250.00	2,309.45	1,059.45	185
710361 Express and Courier	300.00	10.34	289.66	3	7,100.00	52.88	7,047.12	1
710391 Fuel & Lube	100.00		100.00		100.00		100.00	
710500 Other Expense	800.00		800.00		3,400.00	1,759.22	1,640.78	52
710502 Printing	3,225.00	836.69	2,388.31	26	4,060.00	444.40	3,615.60	11
710503 Licenses & Permits	2,335.00	80.00	2,255.00	3	3,135.00		3,135.00	
710505 Rental Equipment					8,000.00		8,000.00	
710506 Dept Insurance Deductible		300.00	300.00			155.52	155.52	
710507 Network and Data Lines	3,200.00	751.05	2,448.95	23		435.94	435.94	
710508 Telephone Land Lines	11,425.00	3,244.43	8,180.57	28	22,845.00	3,260.10	19,584.90	14
710509 Seminars and Meetings	11,200.00	1,903.00	9,297.00	17	15,850.00	1,645.00	14,205.00	10
710512 Auto Expense	375.00	60.78	314.22	16	350.00	55.56	294.44	16
710519 Cellular Phone	8,405.00	2,822.52	5,582.48	34	16,813.00	3,446.86	13,366.14	21
710529 Dues	896.00	551.00	345.00	61	1,800.00	235.00	1,565.00	13
710535 Credit Card Fees	4,959.78	1,093.15	3,866.63	22				
710546 Advertising	500.00		500.00		30,500.00	189.63	30,310.37	1
710577 Uniforms & Special Clothing	1,700.00	232.87	1,467.13	14	1,950.00		1,950.00	
710590 Bad Debt Expense		444.40	444.40					
710600 LT Lease-Office Space	40,636.89	16,853.30	23,783.59	41	40,636.89	16,465.26	24,171.63	41
710721 Outpatient	6,048.00		6,048.00		4,922.00		4,922.00	
711113 Equip Srv Replace	67,963.08	28,923.54	39,039.54	43	78,780.00	30,404.23	48,375.77	39
711114 Equip Srv O & M	56,517.86	14,068.64	42,449.22	25	123,072.96	35,048.06	88,024.90	28
711115 Equip Srv Motor Pool	7,000.00	5,240.00	1,760.00	75	18,500.00	3,115.00	15,385.00	17
711117 ESD Fuel Charge	39,610.63	13,208.32	26,402.31	33				
711119 Prop & Liab Billings	19,085.00	6,361.68	12,723.32	33	15,028.00	5,009.32	10,018.68	33
711210 Travel	35,650.00	4,817.14	30,832.86	14	44,136.62	6,223.54	37,913.08	14
711504 Equipment non-Capital	2,643.97		2,643.97		36,202.42	1,131.84	35,070.58	3
* Services and Supplies	1,198,921.55	611,741.21	587,180.34	51	1,372,098.32	591,516.48	780,581.84	43
** Expenses	6,105,454.80	2,050,022.69	4,055,432.11	34	6,143,614.45	2,132,102.23	4,011,512.22	35
621001 Transfer From General	350,000.00		350,000.00		350,000.00		350,000.00	
** Other Financing Src/Use	350,000.00		350,000.00		350,000.00		350,000.00	
*** Total	3,949,919.28	1,415,826.17	2,534,093.11	36	3,586,999.35	1,290,216.85	2,296,782.50	36

Washo County Health District
 Epidemiology and Public Health Preparedness
 Pds 1 - 4, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
431100 Federal Grants	3,278,897.76	538,255.14	2,740,642.62	16	1,953,739.25	456,645.20	1,497,094.05	23
431105 Federal Grants - Indirect	29,531.00	5,552.03	23,978.97	19	689.38	689.38	689.38	23
* Intergovernmental	3,308,428.76	543,807.17	2,764,621.59	16	1,953,739.25	455,955.82	1,497,783.43	23
460511 Birth and Death Certificates	215,000.00	71,255.00	143,745.00	33	230,000.00	76,193.20	153,806.80	33
** Charges for Services	215,000.00	71,255.00	143,745.00	33	230,000.00	76,193.20	153,806.80	33
** Revenue	3,523,428.76	615,062.17	2,908,366.59	17	2,183,739.25	532,149.02	1,651,590.23	24
701110 Base Salaries	1,111,487.40	331,432.68	780,054.72	30	1,128,945.85	326,579.68	802,366.17	29
701120 Part Time	35,577.94	20,531.42	15,046.52	58	54,341.12	20,020.96	34,320.16	37
701130 Pooled Positions	38,400.00	2,103.64	36,296.36	5				
701150 Contractual Wages	196,000.00	8,600.48	187,399.52	4	29,037.14	6,733.40	22,303.74	23
701200 Incentive Longevity	8,141.00	8,141.00	8,141.00		7,910.50	7,910.50	7,910.50	
701300 Overtime	253,000.00	27,051.57	225,948.43	11	2,000.00	3,388.11	1,388.11	169
701412 Salary Adjustment	55,761.14	55,761.14	55,761.14		26,900.35		26,900.35	
701413 Vac Payoff/Sick Pay-Term		5,536.75	5,536.75					
701417 Comp Time		7,537.51	7,537.51					
* Salaries and Wages	1,698,367.48	402,794.05	1,295,573.43	24	1,249,134.96	356,722.15	892,412.81	29
705110 Group Insurance	140,445.78	45,628.31	94,817.47	32	135,468.26	33,999.18	101,469.08	25
705210 Retirement	247,747.19	70,866.38	176,880.81	29	244,226.49	68,927.20	175,299.29	28
705230 Medicare April 1986	15,647.28	5,525.33	10,121.95	35	16,553.27	4,748.27	11,805.00	29
705320 Workmens Comp	6,307.45	1,123.32	5,184.13	18	8,000.00	2,533.32	5,466.68	32
705330 Unemply Comp	1,170.00	1,170.00	1,170.00				1,300.00	
* Employee Benefits	411,317.70	123,143.34	288,174.36	30	405,548.02	110,207.97	295,340.05	27
710100 Professional Services	1,327,032.02	49,119.85	1,277,912.17	4	409,145.21	136,185.55	272,959.66	33
710105 Medical Services	100.00	100.00	100.00		200.00		200.00	
710108 MD Consultants	12,000.00	3,000.00	9,000.00	25	12,000.00	4,000.00	8,000.00	33
710200 Service Contract	1,610.00	1,616.00	6.00	100	600.00	104.28	495.72	17
710205 Repairs and Maintenance	400.00	271.45	128.55	68	1,233.00	299.75	933.25	24
710210 Software Maintenance								
710300 Operating Supplies	33,505.58	8,950.10	24,555.48	27	45,397.85	22,390.05	23,007.80	49
710334 Copy Machine Expense	2,233.83	752.06	1,481.77	34	3,362.98	692.70	2,670.28	21
710350 Office Supplies	19,930.09	3,475.50	16,454.59	17	10,279.55	9,282.71	996.84	90
710355 Books and Subscriptions	2,602.55	173.49	2,429.06	7	1,799.50	348.08	1,451.42	19
710360 Postage	12,551.87	754.14	11,797.73	6	1,351.57	885.85	465.72	66
710361 Express and Courier					3,700.00		3,700.00	
710500 Other Expense	31,952.32	2,885.15	31,952.32		3,620.00	3,541.76	3,700.00	98
710502 Printing	26,309.52	150.21	23,424.37	11	9,029.48	486.42	78.24	5
710507 Network and Data Lines	14,556.43	1,436.90	13,119.53	10	2,680.48	1,919.50	760.98	72
710508 Telephone Land Lines	1,400.00	50.00	1,350.00	4	6,249.00	485.00	5,764.00	8
710509 Seminars and Meetings	100.00	402.79	302.79	403	1,003.18	449.65	553.53	45
710512 Auto Expense	580.00	744.39	164.39	128	686.00	358.45	327.55	52
710519 Cellular Phone	580.00	580.00	580.00		40.00		40.00	
710529 Dues		365.50	365.50					
710535 Credit Card Fees	800.00	1,000.00	200.00	125	334.52		334.52	
710546 Advertising								
710585 Undesignated Budget	31,331.06		31,331.06					

Washoe County Health District
 Epidemiology and Public Health Preparedness
 Pds 1 - 4, FY 2010

Account	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
710590 Bad Debt Expense		390.00	390.00-					
710620 LT Lease-Equipment					5,940.00	2,970.00	2,970.00	50
710703 Biologicals	4,300.68	4.24	4,300.68		4,900.00	4,900.00	4,900.00	
710721 Outpatient	3,000.00		2,995.76	0	3,000.00	178.25	2,821.75	6
711114 Equip Srv O & M		504.75	504.75-			470.38	470.38-	
711115 Equip Srv Motor Pool	200.00	42.50	187.50	6	100.00		100.00	
711117 ESD Fuel Charge	1,200.00		1,200.00					
711119 Prop & Liab Billings	6,246.00		4,164.00	33	5,491.00	1,830.36	3,660.64	33
711210 Travel	49,305.67	1,417.60	47,888.07	3	33,453.60	3,852.99	29,600.61	12
711504 Equipment nonCapital	57,506.53	116,477.47	58,970.94-	203	57,061.61	22,960.65	34,100.96	40
* Services and Supplies	1,641,334.15	196,036.09	1,445,298.06	12	622,658.53	222,794.11	399,864.42	36
781004 Equipment Capital	279,716.50	84,204.12	195,512.38	30	404,326.00	83,688.59	320,637.41	21
* Capital Outlay	279,716.50	84,204.12	195,512.38	30	404,326.00	83,688.59	320,637.41	21
** Expenses	4,030,735.83	806,177.60	3,224,558.23	20	2,681,667.51	773,412.82	1,908,254.69	29
*** Total	507,307.07	191,115.43	316,191.64	38	497,928.26	241,263.80	256,664.46	48



DISTRICT HEALTH DEPARTMENT

November 6, 2009

TO: District Board of Health

FROM: Jennifer Stoll-Hadayia, MPA, Public Health Program Manager
Community and Clinical Health Services (CCHS)

THROUGH: Mary-Ann Brown, RN, MSN, Division Director
Community and Clinical Health Services (CCHS)

SUBJECT: Obesity Prevention Funding Opportunities:

1. Update on *Communities Putting Prevention to Work*
2. Request for Board Approval to Respond to the NACCHO ACHIEVE Request for Applications (RFA) (Action Item)

SUMMARY

During the 2009 District Board of Health Strategic Planning Retreat (October 8, 2009), discussion occurred regarding the opportunity to seek *Communities Putting Prevention to Work* of the American Recovery and Reinvestment Act (ARRA) funds to address physical activity, nutrition, and obesity in Washoe County. Since that time, an additional chronic disease prevention funding opportunity has been announced from the National Association of County and City Health Officials (NACCHO) for the ACHIEVE initiative, which stands for Action Communities for Health, Innovation, and EnVironmental Change. Information on both funding announcements is provided below. Action is needed by the Board in regards to the NACCHO Request for Applications (RFA).

1. COMMUNITIES PUTTING PREVENTION TO WORK (“STIMULUS DOLLARS”)

The purpose of the *Communities Putting Prevention to Work* component of ARRA is to “create healthier communities through sustainable, proven, population-based approaches such as broad-based policy, systems, organizational and environmental changes in communities and schools.” An update on the status of the Health District’s application for these funds in the physical activity, nutrition, and obesity prevention category is below:

- Washoe County’s population size limits the Health District’s eligibility to apply for *Communities Putting Prevention to Work* funds directly; instead, Washoe County is considered a state-coordinated “small city” applicant. Per grant requirements, Washoe County’s application will be submitted by the Nevada State Health Division with one additional “small city” community in rural Nevada.

- Applicants must implement **MAPPS**, a specific intervention model designed for the *Communities Putting Prevention to Work* initiative. The MAPPS model refers to evidence-based strategies in five areas: **Media, Access, Point of Decision Information, Price, and Social Support Services**.
- Applicant budgets must fall within \$3 million - \$8 million for a 24 month funding period (or \$1.5 million - \$4 million per year). Staff are proposing a \$2 million per year budget for the Health District application to include: temporary staffing, contractors, general operating, and direct costs. As sustainability is expected, no new hires are proposed. The Administrative Health Services Officer, Fiscal Compliance Officer, and District Health Officer will approve the budget proposal prior to submission.
- To be eligible for funding, applicants must demonstrate support from their County Manager and/or City Mayors as well as establish a Leadership Team of 8 -10 high-level leaders of influence in the community (e.g., boards of health, city and county officials, school superintendents, local business associations, hospital directors, etc.). Staff also propose to establish an Implementation Team consisting of key staff and contractors as well as a new subcommittee for our existing Chronic Disease Coalition that will include specific recommended Collaborating Partners.
- The Health District portion of the application is due to the Nevada State Health Division by November 18, 2009 in order to meet the December 1, 2009 application deadline.

2. NACCHO ACHIEVE REQUEST FOR APPLICATIONS (RFA)

The purpose of the National Association of County and City Health Officials (NACCHO)'s **ACHIEVE** (Action Communities for Health, Innovation, and EnVironmental ChangE) initiative is to "strengthen a coalition of community partners and develop a community action plan that addresses chronic disease prevention through policy, system, and environmental change strategies." The focus of this RFA on policy and environmental change is identical to that of the Robert Wood Johnson Foundation's *Healthy Kids, Healthy Communities* call for proposals to which the Health District responded earlier this year and subsequently became the primary approach for the Chronic Disease Prevention Program overall. As a result, this alignment uniquely qualifies the Health District for this funding opportunity. Additional information about this funding announcement is provided below according to Board guidelines for newly-proposed programs/initiatives:

1. *Ensure that stakeholders are identified and afforded an opportunity to provide input prior to Board consideration of newly-proposed programs/initiatives.*

Stakeholders in this program opportunity would include those organizations and individuals currently participating in the Washoe County Chronic Disease Coalition. A requirement of the funding announcement is to form a cross-sector Community Health Action Response Team (CHART), which will serve as a steering committee to the existing community coalition. Staff presented this initiative for the Coalition's review and approval at their November meeting on November 12, 2009. In addition, local health departments (LHD) are the sole entities eligible for this funding. Applications must include three Letters of Support from key community stakeholders.

2. *Continue to maintain open lines of communication with those entities that provide financial resources to the District.*

Entities that provide funding to the District for the purpose of chronic disease prevention include Washoe County and the Nevada Department of Health and Human Services, which supports tobacco prevention and control. The Washoe County Manager's Office has recently demonstrated support of chronic disease and obesity prevention efforts by agreeing to supply a Letter of Support for the *Communities Putting Prevention to Work* funding announcement and by sponsoring the "Washoe County Childhood Obesity Forum" held on September 9, 2009.

3. *Continue to exercise fiscal responsibility in all program and service areas.*

Approximately 10 local health departments will be awarded one-time funding of up to \$40,000 to participate in the initiative over a two year grant cycle (\$15,000 in year one; \$25,000 in year two). Selected applicants must agree to participate in the initiative for one additional year without funding. One staff and one non-LHD community partner are required to attend one national "Coaches Meeting" and "Action Institute" using awarded funds. No match is required, and indirect costs are allowed.

This funding opportunity would provide an additional source of funds for chronic disease prevention activities in Washoe County. Currently, \$250,015 of the Health Fund is allocated to chronic disease programming; this includes \$24,551 in Services & Supplies. If awarded, this amount would increase the Services & Supplies budget by \$40,000.

4. *Develop an evaluative review process for all programs and services for presentation to the Board the includes program necessity, program performance relative to stated goals and objectives, corrective action plans to address any unmet goals and objectives, and programmatic adjustments needed due to changes in funding availability.*

The following is an overview of staff's evaluative review process for this new initiative:

- **Program necessity.** According to the 2008 Behavioral Risk Factor Surveillance System (BRFSS), obesity among adults is on the rise in Washoe County. From 2007 to 2008, the percent of adults reporting a Body Mass Index (BMI) of 30 or greater (considered obese) rose from 24.6% to 25.6%. According to the second year of statutorily-mandated BMI data collection among school-children, the percentage of Washoe County school-children who are overweight (17.8%) or obese (17.5%) continues to exceed national averages (15.6% and 16.3%, respectively).

These data shows that Washoe County is not immune from global childhood obesity trends and provides evidence for the need to expand the Health District's response. Additionally, efforts to reverse childhood overweight/obesity trends will prevent long-term negative health outcomes such as chronic diseases. The prevention of chronic disease has been identified as a strategic Board priority.

- **Program performance relative to stated goals and objectives.** The activities in this new initiative are consistent with the chronic disease prevention strategies contained

in *Chronic Disease Prevention: A Strategic Plan for Washoe County* (2007). As referenced above, they also contribute to the advancement of the Board's strategic priority of a "healthy community where citizens will make healthy lifestyle choices that minimize chronic disease[.]" In addition, the focus of this RFA on policy and environmental change is identical to that of the Robert Wood Johnson Foundation's *Healthy Kids, Healthy Communities* call for proposals to which the Health District responded earlier this year and which has since become the primary approach for the Chronic Disease Prevention Program overall.

- **Corrective action plans to address any unmet goals and objectives.** There are several program evaluation and monitoring activities required by this initiative. In addition, staff will continue to conduct current internal checks on progress made on goals and objectives, program quality, and achievement of a positive impact on chronic disease prevention in Washoe County:
 - i. Complete the Community Health Assessment and Group Evaluation (CHANGE) tool, per grant requirements. This tool identifies "community assets and potential areas for program improvement."
 - ii. Complete required progress reports and participate in technical assistance opportunities offered by the funder.
 - iii. Continue to analyze relevant Behavioral Risk Factor Surveillance System (BRFSS) data and the results of statutorily-outlined BMI measurement methodology for Washoe County school-children.
 - iv. Continue to utilize CCHS tools for measuring program productivity and outcomes, including divisional Performance Measures, Benchmarks, and Scorecards.
 - v. Program oversight will follow Performance Management System principles; and ongoing quality improvement assessments will be made through the Continuous Process Improvement Oversight Committee as needed.
 - vi. Staff time will be dedicated to program evaluation. This will include designing goals and objectives; methods to measure process, impact, and outcome of program activities; collecting quantitative and qualitative data; analyzing data as appropriate to type; and generating program reports.
- **Programmatic adjustments needed due to changes in funding availability.** Should funding availability change, staff will commensurately reduce efforts on specific ACHIEVE components. However, since the theoretical basis of the ACHIEVE initiative mirrors current CCHS program approaches, activities to improve policy, system, and environmental change related to physical activity and nutrition will continue despite a reduction in or loss of funds.

POSSIBLE MOTION

Should the Board agree with staff recommendation, a possible motion would be: "move to approve staff to (1) continue their efforts to seek *Communities Putting Prevention to Work* of the American Recovery and Reinvestment Act (ARRA) and (2) pursue a new initiative by responding to the NACCHO ACHIEVE Request for Applications (RFA)."

Checklist – Do we need this?

- Identify statute or regulation which mandates program
 - None
- Identify which of the “Ten Essential Services” is addressed
 - Essential Service #4 - Mobilize Community Partnerships to Identify and Solve Health Problems
 - Essential Service #5 - Develop Policies and Plans that Support Individual and Community Health Efforts

Checklist – Do we need this?

- List District Board of Health priority
 - “Make healthy lifestyle choices that minimize chronic disease and increase quality and years of healthy life”
- Describe verifiable public health need
 - 35.3% of Washoe County school children are overweight or obese
 - Rate of obesity in adults is rising
- Describe impact if program not implemented
 - Lose opportunity to expand program activities and budget
 - Lose NACCHO technical assistance provided

Checklist – Can we do this?

- Identify assets to accomplish program
 - Current staff expertise
 - Current Chronic Disease Coalition
 - Collaborating Partners as identified in CPPW
- Could other community partners provide the service?
 - Only LHDs are eligible for this funding
- Would other community partners assist?
 - Chronic Disease Coalition
 - Collaborating Partners as identified in CPPW

Checklist – How much will it cost?

- Provide a detailed budget
 - Year 1 - \$15,000
 - Travel and minimal coalition support
 - Year 2 - \$25,000
 - No budget required at this time
 - Expected to include: voluntary policy toolkits, coalition support, community trainings, and recognition events
 - Personnel assets needed are current staff
 - No match required
 - No equipment purchases
- List any associated subcontracts
 - No subcontracts

Checklist – How will we measure success?

- Describe evaluation process
 - List performance measurements used
 - % of adults at a healthy weight
 - % of youth at a healthy weight
 - Indicate frequency of reporting to DBOH
 - Through current Division reports as needed
- List outcomes or products that will result
 - Completion of CHANGE (Community Health Assessment aNd Group Evaluation) Tool
 - Development and implementation of “Community Action Plan”



DISTRICT HEALTH DEPARTMENT

November 12, 2009

MEMORANDUM

To: Members, Washoe County District Board of Health

From: Randall L. Todd, DrPH
Epidemiology and Public Health Preparedness (EPHP) Director

Subject: Report to the District Board of Health, November 2009

Communicable Disease –

For the week ending November 7 (week 44) six of seven participating sentinel healthcare providers in Washoe County saw 118 patients presenting with influenza-like-illness (ILI) out of 4,028 total patients. This yields a total ILI percentage of 2.9%. This represents a sharp decline since week 41 when we saw 7.0%. It is too early to know if this dip in the ILI data represents an early peak or a transitory lull in influenza activity. By comparison the ILI percentage for U.S. sentinel providers during the previous week (43) was 7.7.1%. Regionally the ILI levels ranged from 5.0 to 10.7%.

Non Communicable Disease

Former Senior Epidemiologist, Leslie Elliott is currently working as an Associate Professor of Epidemiology at UNR. During her tenure here Public Health Nursing staff reported to Dr. Elliott a suspicion that there was an unusually high number of gastroschisis cases. Dr. Elliott conducted a case-control study of this gastroschisis cluster. She was assisted by current Health District staff members, Lisa Lottritz and Randall Todd. This study was published on November 4 in the Archives of Pediatric and Adolescent Medicine. Gastroschisis is a birth defect that occurs early in pregnancy, characterized by incomplete closure of the baby's abdominal wall. It is most common in births by young women, age 21

or younger. Babies with this birth defect are born with part of their intestines outside their bodies, which necessitates repair of the abdominal wall in the first week of life.

The investigation concluded that a baby born in Washoe County during the one-year period of April 2007 to April 2008 was 10 times more likely to have gastroschisis than a baby born in any of the years from 1991 to 2005. There were 14 gastroschisis births in Washoe County during the one-year study period, and only 16 gastroschisis births in the County during the 15-year period of 1991 to 2005. Since April 2008, there have been five gastroschisis births in the County.

In this study, “case mothers,” mothers who had babies with gastroschisis during the study period, were 13 times more likely to report having a sore throat during early pregnancy, and 17 times more likely to report having a chest cold in early pregnancy than “control-group mothers,” those who did not have babies with gastroschisis during the study period. In addition, case mothers were nine times more likely than control-group mothers to report having taken over-the-counter medications for these infections during pregnancy. Case mothers were more than four times as likely as control-group mothers to report use of at least one vasoconstrictive recreational drug before pregnancy. Vasoconstrictive recreational drugs constrict blood vessels and include methamphetamine, amphetamine, cocaine and Ecstasy.

This study is the first to find an association between gastroschisis and methamphetamine use, specifically. Case mothers were seven times more likely than control-group mothers to report methamphetamine use before pregnancy. It is also important to note that some case mothers in the cluster did NOT report any of the identified risk factors.

Public Health Preparedness (PHP) Activities –

The walk-through and drive-through Point of Dispensing (POD) exercise on October 17 was successful with nearly 3,000 seasonal flu shots administered between the two sites in less than 4 hours.

The seasonal POD exercise was followed very shortly with the first of our H1N1 vaccination initiatives on October 22. Because the H1N1 vaccine has not been available in large quantities it will be necessary to operate smaller scale PODs on a periodic basis as vaccine is delivered. An additional change from POD exercises is the necessity of determining the eligibility of each person seeking vaccination. We are required to administer only to individuals who fall within the following target populations:

- Pregnant women
- Healthcare and EMS personnel
- Care givers or household contacts to infants less than 6 months of age
- All individuals older than 6 months through the age of 24 years
- Individuals between age 25 and 64 if they have a health condition that increases the risk of medical complications should they develop influenza

The October 22 clinic was scheduled from 1:00 pm to 7:00 pm on a first come first served basis. This timing was selected to allow after school and after work participation. Unfortunately, some individuals began to line up as early as 6:00 am for this clinic. As a result, many people were in line for a number of hours before the clinic even opened and had to wait an additional hour until we had our first throughput data in order to learn that we would not be able to serve them on that day. This created some understandable irritation and outright anger on the part of some members of the public. In spite of these problems we were able to provide vaccine to over 1,100 individuals before closing at 7:00 pm.

On October 27 a clinic was again scheduled to begin at 1:00 pm. This time the first 150 people in line were provided with a gold wrist band and told to return at 12:00 noon to line up for the clinic opening at 1:00 pm. The next 150 received blue wrist bands and were asked to return at 1:00 pm. In total we gave out six groups of colored wrist bands with 150 in each group for a total of 900. This worked much better and we received many positive comments on the improvement.

On October 29 we did another clinic beginning at 1:00 pm. Based on the throughput from the 27th it was decided that we could increase the number of wrist bands distributed to 1,200. Because of the news media coverage we had people who lined up at 5:00 am to receive wrist bands which we began to distribute at 7:00 am. By 9:00 am all 1,200 wrist bands had been distributed and people had to be turned away. One additional process improvement was that we allowed individuals to choose their own return time.

On Saturday, November 7 we did a clinic beginning at 9:00 am. Wrist bands for this clinic were distributed in two ways. Healthcare provider offices were allowed to order wrist bands for their staff. These were picked up on Thursday, November 5. The remaining 1,600 wrist bands became available to the public on Friday, November 6 starting at 7:00 am. People were in line for these as early as 3:30 am. We also added expedited banding for disabled individuals and increased the size of the handicap parking area. The Saturday clinic itself went very well other than a significant no-show rate among the healthcare provider community. Over 1,900 vaccinations were given on Saturday.

The next banding opportunity will be on Friday, November 13. There will be approximately 3,400 wrist bands available for clinics that will take place on Saturday November 14 and Tuesday, November 17. An additional 600 wrist bands are again being made available to healthcare providers.

Staffing for these clinics has included Health District personnel who are able to earn overtime through funds provided by the Public Health Emergency Response (PHER) grant. In addition, we have had a tremendous response from both Medical Reserve Corps (MRC) and Community Emergency Response Team (CERT) volunteers. During the 4 H1N1 clinics that we have conducted to date MRC volunteers have put in 168.5 hours and CERT volunteers 271 hours. This initiative would not have been possible without the strong support of both paid and volunteer staff.

In addition to the clinical activities, more than 67 media interviews have been completed related to H1N1. Electronic updates (including information about upcoming vaccination clinics) continue to be distributed and posted on our website. Key communication partners from the Washoe County School District, UNR, Northern Nevada Medical Center, Renown, and Saint Mary's have been invited to attend our weekly planning meetings.



Randall L. Todd, DrPH, Epidemiology and Public Health Preparedness Director




WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

Date: November 19, 2009
To: District Board of Health
From: Andrew Goodrich, Director, Air Quality Management 
Re: Monthly Report for Air Quality Management
Agenda Item: 13.D.

The enclosed Air Quality Management Division Report is for the month of October 2009 and includes the following sections:

Air Quality
Monitoring Activity
Planning Activity
Permitting Activity
Compliance/Inspection Activity
Enforcement Activity

DBOH AGENDA ITEM # 13.D.

P.O. BOX 11130 Reno, NV 89520-0027 • 401 Ryland Street, Ste. 331 • (775) 784-7200 • FAX (775) 784-7225

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Director's Report

October 2009

Education is the key

A very interesting study was recently released by the MIT Sloan Management Review and The Boston Consulting Group. The project encompassed a global survey of more than 1500 corporate executives on business practices and sustainability plans. A whopping 92 percent of businesses surveyed were "trying to address the issue of sustainability". The respondents recognized that sustainability is not a "Topic Du Jour" and that the risks of failing to act are growing.

Unfortunately, while virtually every business understood the importance of addressing sustainability, only 30 percent were able to develop a business case for the objective. Three major barriers were: a lack of understanding of what sustainability is and what it means to an enterprise, difficulty modeling the business case, and flaws in execution even after a plan has been developed.

Of those businesses that developed the expertise to address sustainability, 68 percent realized *improved financial returns* due to these plans. Basic sustainability strategies such as reducing or eliminating emissions, reducing toxicity or harmful chemicals, improving efficiency in packaging or designing products or processes for reuse or recycling resulted in positive returns. This study clearly points to great opportunities for business through the education, investment, and action on sustainability plans.

Andy Goodrich, Director

AIR QUALITY COMPARISON FOR OCTOBER

Air Quality Index Range	# OF DAYS OCT 2009	# OF DAYS OCT 2008
GOOD 0 to 50	29	29
MODERATE 51 to 100	2	2
UNHEALTHY FOR SENSITIVE GROUPS 101 to 150	0	0
UNHEALTHY 151 to 200	0	0
VERY UNHEALTHY 201 to 300	0	0
TOTAL	31	31

Air Quality

HIGHEST AQI NUMBER BY POLLUTANT

POLLUTANT	OCTOBER 2009	Highest for 2009	OCTOBER 2008	Highest for 2008
CARBON MONOXIDE (CO)	27	37	27	32
OZONE 8 hour (O3)	42	74	42	140
PARTICULATES (PM _{2.5})	29	48	37	211
PARTICULATES (PM ₁₀)	59	94	59	167

For the month of October, there were no exceedances of Carbon Monoxide, Particulate Matter, or Ozone standards at any of the monitoring stations. The highest Air Quality Index (AQI) value reported for the month of October was fifty-nine (59) for PM₁₀. There were twenty-nine (29) days in the month of October where the Air Quality was in the good range, and two (2) days the Air Quality fell into the moderate range.

Duane Sikorski, Air Quality Supervisor

Monitoring Activity

Daily monitoring operational, quality assurance, data submission and network upgrade activities continued throughout the month. Preparation of the 2008 Northern California Wildfires Exceptional Events petition continued during the month of October.

Duane Sikorski, Air Quality Supervisor

Planning Activity

The process of researching, developing and preparing a county-wide greenhouse gas emissions inventory continues while staff is developing the next (2008) triennial emissions inventory for submission to EPA by June of 2010.

Duane Sikorski, Air Quality Supervisor

Permitting Activity

TYPE OF PERMIT	2009		2008	
	OCTOBER	YTD	OCTOBER	ANNUAL TOTAL
Renewal of Existing Air Permits	102	1113	101	1302
New Authorities to Construct	9	63	7	81
Dust Control Permits	11 (138 acres)	112 (1305 acres)	13 (340 acres)	195 (3012 acres)
Wood Stove Certificates	22	183	16	170
WS Dealers Affidavit of Sale	23 (11 replacements)	109 (69 replacements)	47 (33 replacements)	250 (145 replacements)
WS Notice of Exemptions	668	4268	276	3729
Asbestos Assessments	46	659	62	856
Asbestos Removal Notifications	18	237	17	322

Compliance/Inspection Activity

Staff reviewed twenty-one (21) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

Staff conducted forty-six (46) stationary source renewal inspections and fifty-six (56) gas station inspections in October. Staff also conducted inspections on asbestos removal and construction/dust projects.

**Permitting/Enforcement
Activity**

Report unavailable for the month of October.

Noel Bonderson, Air Quality Supervisor

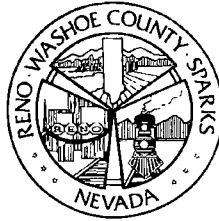
Enforcement Activity

COMPLAINTS	2009*		2008		
	OCTOBER	YTD	OCTOBER	YTD	Annual Total
Asbestos	2	19	1	19	21
Burning/Smoke	2	9	0	8	12
Dust	8	121	12	220	229
Gas Station/Oxy Fuel	0	0	0	1	0
Miscellaneous	0	6	1	9	12
Odor	0	26	4	28	31
Painting (spray painting)	1	6	1	8	8
Permit Violation	4	11	5	19	20
TOTAL	17	198	24	312	334
NOV'S	OCTOBER	YTD	OCTOBER	YTD	Annual Total
Warnings	2	10	3	15	16
Citations	0	5	2	27	27
TOTAL	2	15	5	42	43

* Discrepancies in totals between Monthly Reports can occur because of data entry delays.

Notices of Violation (NOVs):

There were a total of two (2) Notice of Violations (NOVs) issued in October 2009. There were two (2) NOV Warnings issued: one for failure to control dust, and one for failure to submit a dust permit. There were no NOV Citations issued in October, 2009.



DBOH AGENDA ITEM NO. 13.F.

Washoe County Health District

November 12, 2009

TO: Members, District Board of Health
FROM: Mary A. Anderson, MD, MPH, FACPM
SUBJECT: District Health Officer's Report

State and Local Health Officers Meeting

For the State and Local Health Officers' meeting, the topic "*du mois*" remained H1N1 and the associated vaccine distribution. Related topics included the registration of providers who wish to give the vaccine, the tracking of vaccine doses delivered in Web IZ, the availability of antivirals and personal protective equipment (PPE) in the state's stockpile, and the planning for alternate care sites.

The President's proclamation on October 24, 2009, which declared the 2009 H1N1 influenza pandemic to be a National Emergency, was also discussed. This proclamation will facilitate the response to the pandemic by the waiver of certain Federal requirements for medical facilities that may be subjected to overwhelming demands from a surge of patients with the 2009 H1N1 virus.

Legislative Committee on Healthcare

The Legislative Committee on Healthcare, chaired by Senator Weiner, was held on November 4th, 2009. The lengthy agenda addressed several topics with direct impact on the local health districts—among them:

- The impact of H1N1 on Nevada
- An update on the hepatitis C outbreak issues
- The feasibility of establishing health districts in counties with populations less than 100,000
- The feasibility of integrating certain health and social services in counties with populations of 400,000 or more
- The adoption of a work plan to guide the committee in examining the issues related to the height and weight of children.

Ms. Jennifer Hadayia supplied the committee with the Washoe County statistics related to the latter topic. The data for her report was generated as a result of the height and weight measurements of schoolchildren taken by school nurses to calculate Body Mass Index (BMI). Ms. Hadayia's excellent report was a culmination of the efforts of our biostatistician, Ms. Sharon Clodfelter, and the work of our Chronic Disease Program members. Credit for the collection of the data was given to the school nurses whose efforts were fundamental to the understanding of the degree that excess weight and obesity are affecting our youth.

DBOH AGENDA ITEM # 13.F.

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H1N1 Presentation at Renown

Dr. Randall Todd and I were invited speakers for the Renown Regional Medical Center's Medicine Potpourri which is a seminar series for medical staff. The topic we were asked to address was "Testing, Treating, and Vaccinating for the H1N1 Influenza Virus". The turnout for the event was quite large (more than 90 attendees), which was an indication of the level of interest in the subject. Among the points emphasized in the presentation was the fact that the guidance from the Centers for Disease Control continues to evolve. Some of the new information that was presented included the FDA's approval of an antiviral—peramivir—for intravenous use under an Emergency Use Authorization (EUA) issued on October 23, 2009. Prior to this EUA, only two medications were available for treatment oseltamivir (Tamiflu®) and zanamivir (Relenza®). All of these medications are neuraminidase inhibitors. (The "H" in H1N1 stands for hemagglutinin and the "N" stands for neuraminidase.)

On the same day as our presentation at Renown—when we made an effort to emphasize the need for clinicians to stick to the priority groups in their use of the available H1N1 vaccine—Dr. Thomas Frieden, the Director, Centers for Disease Control and Prevention, released a letter to state and local health officers emphasizing the need to "focus on ensuring equitable access to the vaccine for the priority groups identified by the Advisory Committee on Immunization Practices..." Our clinics at WCHD have followed those guidelines, which are posted in multiple locations at the Health District, but it must be appreciated that there is considerable reliance on the public to honestly attest to their eligibility for the vaccine.

Mary A. Anderson, MD, MPH

Mary A. Anderson, MD, MPH, FACPM
District Health Officer



EPI - NEWS

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- Washoe County Quarterly Communicable Disease Statistics
- Whom to test for novel H1N1

October 23, 2009

Vol. 29, No. 13

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**REPORTED CASES OF SELECTED
COMMUNICABLE DISEASES
WASHOE COUNTY
July – September 2009**

To report communicable
disease phone:
(775) 328-2447
or fax reports to:
(775) 328-3764

DISEASE	3 rd Quarter			Year to Date (Cumulative)		
	2007	2008	2009	2007	2008	2009
AIDS	7	4	6	25	19	18
Campylobacteriosis	10	12	11	29	30	30
Chlamydia	418	310	301	1172	975	966
Cryptosporidiosis	7	3	0	8	7	10
E. coli 0157:H7	0	0	4	1	0	4
Giardiasis	9	5	9	24	17	18
Gonorrhea	48	38	29	155	157	105
Haemophilus influenzae type b (Hib)	0	0	0	0	0	0
Hepatitis A (acute)	1	1	0	3	1	2
Hepatitis B (acute)	2	1	0	5	6	3
Hepatitis B (chronic)	9	13	8	30	34	36
Hepatitis C (acute)	0	1	1	3	2	3
Hepatitis C (Past or Present)	210	223	173	628	700	599
HIV	5	7	7	23	13	18
Influenza (Type A, B, or unknown)	1	1	1228*	288	807	2315
Measles	0	0	0	0	0	0
Meningitis, Viral or Aseptic	6	1	6	23	10	12
Meningococcal Disease	0	0	0	2	3	1
Pertussis (confirmed & Probable)	0	5	2	7	7	5
Pneumococcal Disease, Invasive*	5	8	9	31	43	37
Rabies (bat)	1	4	4	2	7	5
Rotavirus	3	9	15	49	111	48
RSV	0	2	4	250	252	264
Salmonellosis	22	10	16	31	30	40
Shigellosis	4	1	1	4	2	3
Syphilis (Primary & Secondary)	0	2	0	4	2	1
Tuberculosis	2	3	1	4	8	14
West Nile Virus	0	0	0	0	0	0

* Novel H1N1 Influenza: 599. >99% (157/158) of specimens positive by rapid test for influenza A were subsequently confirmed as novel H1N1 Influenza by PCR testing.

Please share this document with all physicians & staff in your facility/office.

ATTENTION!

In order to best utilize the resources at the Nevada State Public Health Laboratory, please order novel H1N1 influenza RT-PCR test only for:

- 1) patients requiring hospitalization for suspected influenza OR
- 2) patients who died of an acute illness in which influenza was suspected.

Diagnostic tests for influenza are available through commercial labs or at point of care. Tests include rapid antigen tests, direct and indirect immunofluorescence (DFA and IFA), viral isolation in tissue cell culture, and Real-time RT-PCR for novel H1N1 influenza A.

Although most patients with clinical illness consistent with uncomplicated influenza do not require diagnostic influenza testing for clinical management, use of these tests are up to the clinical judgment of the health care provider.

Please remember that a negative rapid flu antigen test does not rule out influenza infection because the sensitivity of rapid test is only 10-70% for detection of novel H1N1 influenza.



In This Issue:

- ◆ A New Peer-reviewed Journal Publication about a Local Study of A Gastroschisis Cluster in Nevada

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A New Publication in the *Archives of Pediatrics & Adolescent Medicine* **CASE-CONTROL STUDY OF A GASTROSCHISIS CLUSTER IN NEVADA, 2009**

In October 2007, the Washoe County Health District (WCHD) began an investigation of a cluster of gastroschisis, a rare birth defect that results in incomplete closure of the abdominal wall.

The investigation was under the direction of Dr. Leslie Elliott, a former Senior Epidemiologist at WCHD, and in collaboration with Dr. Slotnick and Dr. Oki at Perinatal Associates of Northern Nevada, University of Nevada School of Medicine, School of Community Health Sciences, Washoe County Pregnancy Center, and the Nevada State Health Division.

The findings of this investigation are published this week in the monthly peer-reviewed medical journal ***Archives of Pediatrics & Adolescent Medicine*** (Elliott et al., Case-control study of a gastroschisis cluster in Nevada. 2009. *Archives of Pediatrics & Adolescent Medicine*, 163(11):1000-1006). The website for this journal is <http://archpedi.ama-assn.org>.

The article describes the findings of an investigation of a cluster of gastroschisis in Washoe County from April 2007 to April 2008. A previous issue of *EpiNews* (January 30, 2008) described the initial investigative steps <http://www.washoecounty.us/health/ephp/epi/news/2008.html>.

The major findings of the study include:

- ◆ Case mothers (those who had babies with gastroschisis) were more likely to report some infections, such as sore throat (about 13 times more likely) and chest colds (about 17 times more likely), in early pregnancy than control-group mothers. In addition, case mothers were nine times more likely than the control-group mothers to report having taken over-the-counter

medications for these infections during pregnancy.

- ◆ Case mothers were seven times more likely than control-group mothers to report methamphetamine use at some time before pregnancy.
- ◆ Case mothers were more than four times as likely than control-group mothers to report use of at least one vasoconstrictive recreational drug (including methamphetamine, amphetamine, cocaine or Ecstasy) before pregnancy.

The University of Nevada Reno (UNR) will be issuing a press release on the study this week. Your office may get questions from patients concerning this. You may refer patients to a website for more information. UNR has posted information on gastroschisis, the study and obtaining prenatal care at www.hhs.unr.edu/schs/.

Although UNR will not be giving medical advice, they have dedicated a telephone line for people with additional questions. Please call 775-682-7078. This line will direct callers to the website and provide an opportunity for callers to leave a name and number for return calls.

Please feel free to contact Dr. Leslie Elliott if you have any questions regarding this investigation and the publication. Her contact information is as follows:

Leslie Elliott, MPH PhD
Assistant Professor of Epidemiology
University of Nevada, Reno
School of Community Health Sciences
Tel: 775-682-7096



This is an official CDC Health Advisory

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Key Issues for Clinicians Concerning Antiviral Treatment for 2009 H1N1

Situation:

Although use of influenza antiviral drugs in the United States has increased during the 2009-2010 flu season, not all people recommended for antiviral treatment are getting treated. Listed below are important facts to consider when deciding whether a patient needs to be treated with antiviral medication.

It is critical to remember that it is not too late to treat, even if symptoms began more than 48 hours ago. Although antiviral treatment is most effective when begun within 48 hours of influenza illness onset, studies have shown that hospitalized patients still benefit when treatment with oseltamivir is started more than 48 hours after illness onset. Outpatients, particularly those with risk factors for severe illness who are not improving, might also benefit from treatment initiated more than 48 hours after illness onset.

Recommendations for Clinicians:

Many 2009 H1N1 patients can benefit from antiviral treatment, and **all hospitalized patients with suspected or confirmed 2009 H1N1 should receive antiviral treatment with a neuraminidase inhibitor – either oseltamivir or zanamivir – as early as possible** after illness onset. Moderately ill patients, especially those with risk factors for severe illness, and those who appear to be getting worse, can also benefit from treatment with neuraminidase inhibitors. People at high risk for developing flu-related complications include:

- ◆ Children younger than 5, but especially children younger than 2 years old
- ◆ Adults 65 years of age and older
- ◆ Pregnant women
- ◆ Obese persons with a BMI greater than 35*
- ◆ Persons who smoke*
- ◆ People who have medical conditions, including
 - Asthma
 - Neurological and neurodevelopmental conditions [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability (mental retardation), moderate to severe developmental delay, muscular dystrophy, or spinal cord injury].
 - Chronic lung disease (such as chronic obstructive pulmonary disease [COPD] and cystic fibrosis)
 - Heart disease (such as congenital heart disease, congestive heart failure and coronary artery disease)
 - Blood disorders (such as sickle cell disease)
 - Endocrine disorders (such as diabetes mellitus)
 - Kidney disorders
 - Liver disorders
 - Metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders)
 - Weakened immune system due to disease or medication (such as people with HIV or AIDS, or cancer, or those on chronic steroids)
 - Children on chronic aspirin therapy up to age 18

* Although not included in CDC's list of high-risk persons, these groups are included based on the current recommendations of the Washoe County Communicable Disease Program Medical Consultant.

Although antiviral medications are recommended for treatment of 2009 H1N1 in patients with risk factors for severe disease, **some people without risk factors may also benefit from antivirals.** To date, 40% of children and 20% of adults hospitalized with complications of 2009 H1N1 did not have risk factors. Clinical judgment is always an essential part of treatment decisions.

When treatment of persons with suspected 2009 H1N1 influenza is indicated, it **should be started empirically. If a decision is made to test for influenza, treatment should not be delayed while waiting for laboratory confirmation.** The earlier antiviral treatment is given, the more effective it is for the patient. Also, rapid influenza tests often can give false negative results. If you suspect flu and feel antiviral treatment is warranted, treat even if the results of a rapid test are negative. Obtaining more accurate testing results can take more than one day, so treatment should not be delayed while waiting for these test results. For more information on influenza testing, please see: http://www.cdc.gov/h1n1flu/guidance/diagnostic_tests.htm.

Although commercially produced pediatric oseltamivir suspension is in short supply, **there are ample supplies of children's oseltamivir capsules, which can be mixed with syrup at home. In addition, pharmacies can compound adult oseltamivir capsules into a suspension for treatment of ill infants and children.** Additional information on compounding can be found at: <http://www.cdc.gov/H1N1flu/pharmacist/>.

For More Information:

Updated Interim Recommendations for the Use of Antiviral Medications in the Treatment and Prevention of Influenza for the 2009-2010 Season: <http://www.cdc.gov/H1N1flu/recommendations.htm>

Questions & Answers:

Antiviral Drugs, 2009-2010 Flu Season:

<http://www.cdc.gov/h1n1flu/antiviral.htm>

Influenza Diagnostic Testing:

http://www.cdc.gov/h1n1flu/diagnostic_testing_clinicians_qa.htm

Updated Interim Recommendations for Obstetric Health Care Providers Related to Use of Antiviral Medications in the Treatment and Prevention of Influenza for the 2009-2010 Season:

http://www.cdc.gov/H1N1flu/pregnancy/antiviral_messages.htm

Antiviral Drugs: Summary of Side Effects:

<http://www.cdc.gov/flu/protect/antiviral/sideeffects.htm>

General information for the public on antiviral drugs is available in "2009 H1N1 and Seasonal Flu: What You Should Know About Flu Antiviral Drugs" at

<http://www.cdc.gov/H1N1flu/antivirals/geninfo.htm>.

Downloadable brochures and informational flyers, including one on antiviral drugs, are available at

<http://www.cdc.gov/h1n1flu/flyers.htm>.

For the FDA page on antiviral influenza drugs:

<http://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm100228.htm>

For additional information, you can also call CDC's toll-free hotline, 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348, which is available 24 hours a day, every day.

Local information for Washoe County is available at:

<http://www.washoecounty.us/health/ephp/ils/swineflu.html> and <http://www.washoecounty.us/health/cdpp/epinews.html>