



# WASHOE COUNTY

Integrity Communication Service  
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## STAFF REPORT

BOARD MEETING DATE: May 23, 2017

CM/ACM \_\_\_\_\_  
Finance \_\_\_\_\_  
DA \_\_\_\_\_  
Risk Mgt \_\_\_\_\_  
HR \_\_\_\_\_  
Other \_\_\_\_\_

**DATE:** April 27, 2017  
**TO:** Board of County Commissioners  
**FROM:** Justin Norton, Washoe County Regional Medical Examiner's Office  
(775) 785-6114, jnorton@washoecounty.us  
**THROUGH:** Dr. Laura D. Knight, Chief Medical Examiner & Coroner  
**SUBJECT:** Accept grant funding (\$2,504.00 with \$250.40 county match) from the State of Nevada Department of Health and Human Services Public Health Preparedness Program for supplies and labor expenses relating to the Northern Nevada Disaster Victim Recovery Team (NNDVRT) training exercise, retroactive from May 1, 2017 through June 30, 2017, and authorize the Chief Medical Examiner & Coroner of the Washoe County Regional Medical Examiner's Office to sign the award and approve amendments, and direct the Comptroller's Office to make the necessary budget amendments. (All Commission Districts.)

### SUMMARY

This grant will allow for paid staff time to conduct a one-time training exercise for the Northern Nevada Disaster Victim Recovery Team (NNDVRT) which responds to mass-fatality events. This award requires Washoe County to match \$250.40 (10%) of the award. This award is retroactively approved as of May 1, 2017. The Regional Medical Examiner's Office submitted this grant as soon as possible based on the receipt of the grant award letter.

County Priority/Goal supported by this item: Safe, Secure and Healthy Communities

### PREVIOUS ACTION

No previous action has been taken on this item.

### GRANT AWARD SUMMARY

**Project/Program Name:** Public Health Preparedness Program

**Scope of the Project:** Provides for personnel expenses (overtime) and basic supplies and signage to operate a training exercise for the Northern Nevada Disaster Victim Recovery Team (NNDVRT)

AGENDA ITEM # 5.H.3.

**Benefit to Washoe County Residents:** Provides training for the Northern Nevada Disaster Victim Recovery Team (NNDVRT) which responds to emergency mass-fatality events.

**On-Going Program Support:** Provides funding for a one-time training exercise for the Northern Nevada Disaster Victim Recovery Team (NNDVRT) which is a volunteer-based program.

**Award Amount:** \$2,504.00

**Grant Period:** May 1, 2017 – June 30, 2017

**Funding Source:** Centers for Disease Control and Prevention (CDC)

**Pass Through Entity:** State of Nevada Department of Health and Human Services

**CFDA Number:** 93.069

**Grant ID Number:** 6NU90TP000534-05-05

**Match Amount and Type:** In Kind Match of \$250.40

**Sub-Awards and Contracts:** No sub-awards or contracts

**FISCAL IMPACT**

Expenses for this grant will be reimbursed to Washoe County from the State of Nevada after they are incurred. The Regional Medical Examiner’s Office has sufficient budget to pay the expenses until reimbursement occurs. A \$250.40 in kind match of county funds will be necessary to accept this grant award. The matching funds will come from the Regional Medical Examiner’s Office budget (Cost Center 153010). Should the board accept this grant award, the adopted budget for the Regional Medical Examiner’s Office will be increased by \$2,504.00 in both revenues and expenditures in the following accounts:

<b>Cost Object</b>	<b>G/L Account</b>	<b>Amount</b>
IO 11409	431100 – Federal Grants	\$2,504.00
IO 11409	710300 – Operating Supplies	\$913.00
IO 11409	701300 – Overtime	\$1,591.00

**RECOMMENDATION**

It is recommended that the Board of County Commissioners accept grant funding (\$2,504.00 with \$250.40 county match) from the State of Nevada Department of Health and Human Services Public Health Preparedness Program for supplies and labor expenses relating to the Northern Nevada Disaster Victim Recovery Team (NNDVRT) training exercise, retroactive from May 1, 2017 through June 30, 2017, and authorize the Chief Medical Examiner & Coroner of the Washoe County Regional Medical Examiner’s

Office to sign the award and approve amendments, and direct the Comptroller's Office to make the necessary budget amendments.

**POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Move to accept grant funding (\$2,504.00 with \$250.40 county match) from the State of Nevada Department of Health and Human Services Public Health Preparedness Program for supplies and labor expenses relating to the Northern Nevada Disaster Victim Recovery Team (NNDVRT) training exercise, retroactive from May 1, 2017 through June 30, 2017, and authorize the Chief Medical Examiner & Coroner of the Washoe County Regional Medical Examiner's Office to sign the award and approve amendments, and direct the Comptroller's Office to make the necessary budget amendments."



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

HD #: 15964  
 Budget Account: 3218  
 Category: 22  
 GL: 8516  
 Job Number: 9306916A

**NOTICE OF SUBGRANT AWARD**

<b>Program Name:</b> Public Health Preparedness Program Bureau of Preparedness, Assurance, Inspections, Statistics (PAIS)		<b>Subgrantee Name:</b> Washoe County Regional Medical Examiner's Office	
<b>Address:</b> 4150 Technology Way, Suite #200 Carson City, NV 89706-2009		<b>Address:</b> PO Box 1130 Reno, NV 89520	
<b>Subgrant Period:</b> May 1, 2017 through June 30, 2017		<b>Subgrantee's:</b> EIN: <u>88-8000138</u> Vendor #: <u>T40283400</u> Dun & Bradstreet: <u><del>176876226</del> 073786998</u> <i>JW</i>	
<b>Purpose of Award:</b> These PHEP replenishment funds are intended to demonstrate achievement in PHEP activities that are outlined in the CDC grant guidance.			
<b>Region(s) to be served:</b> <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: <u>Washoe County</u>			
<b>Approved Budget Categories:</b>		<b>Disbursement of funds will be as follows:</b>	
1. Personnel	\$ <u>1,591.00</u>	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 \$2,504.00 during the subgrant period.	
2. Travel	\$ <u>0.00</u>		
3. Supplies	\$ <u>913.00</u>		
4. Equipment	\$ <u>0.00</u>		
5. Contractual/Consultant	\$ <u>0.00</u>		
6. Other	\$ <u>0.00</u>		
7. Indirect	\$ <u>0.00</u>		
<b>Total Cost:</b> \$ <u>2,504.00</u>			
<b>Source of Funds:</b>		<b>% Funds:</b>	<b>CFDA:</b>
1. Centers for Disease Control and Prevention (CDC)		100%	93.069
			<b>FAIN:</b> U90TP000534
			<b>Federal Grant #:</b> 6NU90TP000534-05-05
<b>Terms and Conditions:</b> 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; and 3. The recipient of these funds agrees to stipulations listed in the incorporated documents.			
<b>Incorporated Documents:</b> Section A: Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement; Section E: Audit Information Request; Section F: DPBH Business Associate Addendum; Attachment 1: Match Certification; Attachment 2: Detailed Work Plan.			
Dr. Laura Knight Chief Medical Examiner and Coroner	<i>[Signature]</i>	Signature	Date 4/12/17
Erlin Lynch, MPH Program Manager, PHP	<i>[Signature]</i>		4/11/17
Chad Westom Bureau Chief, PAIS	<i>[Signature]</i>		4/12/17
for Cody L. Phinney, MPH Administrator, Division of Public & Behavioral Health	<i>[Signature]</i>		4/13/17

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT AWARD**

**SECTION A**

**Assurances**

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

1. 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 Division.
2. To submit reimbursement requests only for 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 Division, may result in denial of reimbursement.
3. Approval of subgrant budget by the 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 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 (ASO) of the Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the 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. To disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any subgrantee 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. To comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. To comply with the Americans with Disability Act of 1990, P.L. 101-136, 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 C.F.R. 26.101-36.999 inclusive and any relevant program-specific regulations
8. To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) 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 (PHI) then the subgrantee agrees to enter into a Business Associate Agreement with the Division as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed then a Confidentiality Agreement will be entered into.
9. Subgrantee certifies, by signing this notice of subgrant award, 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. pr. 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.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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10. Sub-grantee agrees to comply with the requirements of the Title XII Public Law 103-227, the "PRO-KIDS Act of 1994," smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, 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. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.
11. 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.
12. Division subgrants are subject to inspection and audit by representative of the 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.
13. 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 Division, as well as federal requirement as specified in the Office of Management and Budget (2 CFR § 200.501(a)), revised December 26, 2013, that each grantee annually expending \$750,000 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:

*Nevada State Division of Public and Behavioral Health  
Attn: Contract Unit  
4150 Technology Way, Suite 300  
Carson City, NV 89706-2009*

This copy of the final audit must be sent to the Division within nine (9) months of the close of the subgrantee's fiscal year. **To acknowledge this requirement, Section E of this notice of subgrant award must be completed.**

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**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT AWARD**

**SECTION B**

**Description of Services, Scope of Work and Deliverables**

**Washoe County Regional Medical Examiner's Office (WCRMEO)**, hereinafter referred to as Subgrantee, agrees to provide the following services and reports according to the identified timeframes:

- The attached Detailed Work Plan (Attachment 2) is for Budget Period 5, May 1, 2017 through June 30, 2017 and is broken down by capability, function and activity. The Detailed Work Plan contains the estimated funding, activity description, output documentation and estimated date of completion for each activity broken down by Capability.
- Achievements of Capability Objectives for this budget period are to be completed by June 30, 2017. Outcome of the funded Capabilities will be measured by Nevada State Division of Public and Behavioral Health (Division). Each funded capability requires substantial achievement and demonstration of completion as specified in the Detailed Work Plan of the funded functions and resource elements. If objectives are not met, Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state.
- Submit written Progress Reports to the Division electronically on or before:
  - July 31, 2017                      Final Progress Report                      (For the period of 5/1/17 – 6/30/17)
- Submit written Quarterly Match Sharing Report to the Division electronically on or before:
  - July 31, 2017                      4<sup>th</sup> Quarter    (For the period of 5/1/17 – 6/30/17)

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

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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**SECTION C**

**Budget and Financial Reporting Requirements**

Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Public and Behavioral Health through Grant Number 6NU90TP000534-05-05 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the CDC."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 6NU90TP000534-05-05 from the CDC.

Subgrantee agrees to adhere to the following budget:

<u>Category</u>	<u>Total cost</u>	<u>Detailed cost</u>	<u>Details of expected expenses</u>
1. Personnel	\$ 1,591		
		\$ 803	Medicolegal Death Investigator \$35.67/hour x 15 overtime hours (time and a half at \$53.51) = \$803
		\$ 788	Medicolegal Death Investigator \$35.02/hour x 15 overtime hours (time and a half at \$52.53) = \$788
2. Travel	\$ 0		
		\$	
3. Supplies	\$ 913		
		\$ 677	Signage and sign holders for training
		\$ 236	8 pack walkie talkie radios
4. Equipment	\$ 0		
		\$	
5. Contractual/ Consultant	\$ 0		
		\$	
6. Other	\$ 0		
		\$	
7. Indirect	\$ 0		
		\$	
<b>Total Cost</b>	<b>\$ 2,504</b>		

- Division of Public and Behavioral Health policy is to allow no more than 10% flexibility (no more than a cumulative amount of \$250.40), 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 Division. Changes to the Scope of Work cannot be made without prior approval from the Division and the federal funding agency. Redirect requests may not be submitted within 60 days of the close of the subgrant period. Approval from Program Manager is required on all redirects.
- Meal/Food Costs: Subgrantee should continue to exercise due diligence in reviewing meals served at meetings, training exercises, and similar events to ensure that this activity has been included in their approved spend plans and budgets. The criteria for determining allowable expenses for upcoming meetings and conferences where meals will be served are:



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- Meals must be a necessary part of a working meeting (or training), integral to full participation in the business of the meeting, i.e., meals may not be taken elsewhere without attendees missing essential formal discussions, lectures, or speeches concerning the purpose of the meeting or training.
  - Meal costs are not duplicated in participants' per diem or subsistence allowances.
  - Meeting participants (majority) are traveling from a distance of more than 50 miles.
  - Guest meals (i.e., meals for non-essential attendees) are not allowable.
- 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.

- Submit monthly/quarterly Requests for Reimbursement no later than 30 days following the end of the month; submit a final Request for Reimbursement for activities completed through the month of June no later than July 31, 2017. The final Request for Reimbursement date is subject to change upon direction from the Division.
- The maximum available through the subgrant is \$2,504.00.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Provide complete travel detail including purpose of travel and attach copies of travel claim summary (if available).
- Attached invoice copies for all items listed in Contract/Consultant and Equipment. Also attach invoices for all Supplies and Other purchases that are over \$500 per item. **NOTE:** Supplies are items which have a consumable life of less than 1 year and Equipment are items over \$5,000 per item OR have a consumable life of over 1 year (ie: laptops, iPads, printers, etc...).
- Costs associated with food or meals are NOT permitted unless included with per diem as a part of official travel. Meals cannot be claimed within 50 miles of the official workstation.
- Additional expenditure detail will be provided upon request from the Division.
- Subgrantee agrees to Match a nonfederal contribution in the amount of 10% (\$1 for each \$10 of federal funds provided in this subgrant). The Match for budget period will be \$250.40. This Match may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such nonfederal contributions. Documentation of match, including methods and sources must be available upon request of Division. Subgrantee will sign attached Match Certification (Attachment 1).

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

**The Division agrees:**

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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- Review and approve activities through programmatic and fiscal reports and conduct annual site visits at the Subgrantee's physical site as necessary.
- Provide technical assistance, upon request from the Subgrantee.
- The 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 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 Nevada State Division of Public and Behavioral Health 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 Nevada State Division of Public and Behavioral Health 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.
- The Subgrantee will, in the performance of the Detailed Work Plan specified in this subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subgrantee is requested to fill out and sign Section F, which is specific to this subgrant, and will be in effect for the term of this subgrant.
- All reports of expenditures and requests for reimbursement processed by the 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 Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**Financial Reporting Requirements**

- A Request for Reimbursement is due on a monthly or quarterly basis, based on the terms of the subgrant agreement, no later than the 30<sup>th</sup> 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.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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**SECTION D**

	HD#: 15964 Budget Account: 3218 Category: 22 GL: 8516 Job #: 9306916A Draw #: _____
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**REQUEST FOR REIMBURSEMENT**

<b>Program Name:</b> Public Health Preparedness Program Preparedness, Assurance, Inspections and Statistics	<b>Subgrantee Name:</b> Washoe County Regional Medical Examiner's Office
<b>Address:</b> 4150 Technology Way Suite# 200 Carson City, NV 89706	<b>Address:</b> PO Box 1130 Reno, NV 89520
<b>Subgrant Period:</b> May 1, 2017 through June 30, 2017	<b>Subgrantee's:</b> EIN: 88-6000138 Vendor #: T40283400 DUNS#: 179275995

**FINANCIAL REPORT AND REQUEST FOR FUNDS**

(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	\$1,591.00	\$0.00	\$0.00	\$0.00	\$1,591.00	0.0%
2 Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3 Supplies	\$913.00	\$0.00	\$0.00	\$0.00	\$913.00	0.0%
4 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Contract/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6 Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7 Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
<b>Total</b>	<b>\$2,504.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$2,504.00</b>	<b>0.0%</b>

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

Authorized Signature (BLUE INK) \_\_\_\_\_ 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 DIVISION USE ONLY**

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

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

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

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

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

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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**Reimbursement Worksheet**

Washoe County Regional Medical Examiner's Office #15964							
Reimbursement Worksheet							
May 2017							
Personnel	Title	Description					Amount
						<b>TOTAL</b>	
Travel (Name of Traveler)	Travel Dates	To	Mileage @ \$0.535/mi	Lodging & Per Diem	AirFare & Misc	Purpose/ Description	Amount
						<b>TOTAL</b>	
Supplies		Description					Amount
		<b>TOTAL</b>					
Equipment (Items over \$5,000 or not consumed within		Description (attach invoice copies for all items)					Amount
		<b>TOTAL</b>					
Contract / Consultant		Description					Amount
		<b>TOTAL</b>					
Other		Description					Amount
		<b>TOTAL</b>					
Indirect		Description					Amount
		<b>TOTAL</b>					
						<b>TOTAL EXPENDITURES</b>	

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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**Budget per Capabilities Worksheet**

**Nevada Division of Public & Behavioral Health: Public Health Preparedness  
Centers for Disease Control and Prevention (CDC)  
Budget per Capability  
Washoe County Regional Medical Examiner's Office #15964  
May 1, 2017 through June 30, 2017**

Contact Name:	Nicole Franklin
Phone Number:	775-785-6114
E-Mail Address:	nfranklin@washoecounty.us
Applicant/Agency Name:	WCMEO
Total Agency Request:	\$2,504.00

Insert your total monthly expenditure amount beside each function. If using an electronic copy, spreadsheet will calculate Current % Expended. Return this document along with your monthly reimbursement request. This will provide a tracking to expedite the mid- and end-of-year progress reporting.

\*\*Please contact us if you have any questions.

**Budget Summary**

Monthly Expenditure:	(a)	(b)	(c)
	Budget	Current \$ Expended	Current % Expended
<b>CDC Capabilities:</b>			
1. Community Preparedness:	\$ -	\$ -	0%
2. Community Recovery:	\$ -	\$ -	0%
3. Emergency Operations Coordination:	\$ -	\$ -	0%
4. Emergency Public Information and Warning:	\$ -	\$ -	0%
5. Fatality Management:	\$ 2,504	\$ -	0%
6. Information Sharing:	\$ -	\$ -	0%
7. Mass Care:	\$ -	\$ -	0%
8. Medical Countermeasure Dispensing:	\$ -	\$ -	0%
9. Medical Material Management and Distribution:	\$ -	\$ -	0%
10. Medical Surge:	\$ -	\$ -	0%
11. Non-Pharmaceutical Interventions:	\$ -	\$ -	0%
12. Public Health Laboratory Testing:	\$ -	\$ -	0%
13. Public Health Surveillance and Epi Investigation:	\$ -	\$ -	0%
14. Responder Safety and Health:	\$ -	\$ -	0%
15. Volunteer Management:	\$ -	\$ -	0%
<b>TOTAL</b>	\$ 2,504	\$ -	0%

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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**SECTION E**

**Audit Information Request**

1. Non-Federal entities that expend \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.601(a). Within nine (9) months of the close of your organization's fiscal year, you must submit a copy of the final audit report to:

**Nevada State Division of Public and Behavioral Health**  
**Attn: Contract Unit**  
**4150 Technology Way, Suite 300**  
**Carson City, NV 89706-2009**

2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year?

YES  NO

3. When does your organization's fiscal year end?

6/30/17

4. What is the official name of your organization?

Washoe County Regional Medical Examiner's Office

5. How often is your organization audited?

n/a

6. When was your last audit performed?

n/a

7. What time period did your last audit cover

n/a

8. Which accounting firm conducted your last audit?

n/a

  
Signature (BLUE INK)

4/12/17  
Date

Chief Medical Examiner & Coroner  
Title