



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

Agency Ref, #: SG-2025-00793

Budget Account: 3170

SUBAWARD AMENDMENT # 0

Program Name: State Opioid Response Bureau of Behavioral Health Wellness and Prevention Ally Abbatangelo / aabbatangelo@health.nv.gov	Subrecipient Name: Clark County Coroner Melanie Rouse / Melanie.Rouse@clarkcountynv.gov
Address: 4126 Technology Way Carson City, Nevada 89706	Address: 1704 Pinto Ln Las Vegas , Nevada, 89106
Subaward Period: 09/30/2024 through 09/29/2025	Amendment Effective Date: Upon approval by all parties.

This amendment reflects a change to: ☐ Scope of Work ☐ Term ☐ Budget ☐ Funding Source

Reason for Amendment:

Required Changes

Current Language: Total reimbursement through this subaward will not exceed . See Section B, C and D of the original subaward and amendment #-1.

Amended Language: Total reimbursement through this subaward will not exceed \$1,210,829.00. See attached Section **revised on** .

Approved Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel		\$141,617.00	\$141,617.00
2. Travel		\$0.00	\$0.00
3. Operating		\$783,648.00	\$783,648.00
4. Equipment		\$277,200.00	\$277,200.00
5. Contractual/Consultant		\$0.00	\$0.00
6. Training		\$0.00	\$0.00
7. Other		\$8,364.00	\$8,364.00
TOTAL DIRECT COSTS		\$1,210,829.00	\$1,210,829.00
8. Indirect Costs		\$0.00	\$0.00
TOTAL APPROVED BUDGET		\$1,210,829.00	\$1,210,829.00

Incorporated Documents:

Section B: Description of Services, Scope of Work and Deliverables revised on

Section C: Budget and Financial Reporting Requirements revised on

Section D: Request for Reimbursement revised on

Section E: Audit Information Request revised on

Section F: Current or Former State Employee Disclaimer revised on

Section G: DHHS Confidentiality Addendum (NSHE, State & Gov. Only); revised on

Section H: Matching Funds Agreement revised on

Exhibit A: Original Notice of Subaward and all previous amendments

By signing this Amendment, the Authorized Subrecipient Official or their designee, Bureau Chief and DPBH Administrator acknowledge the above as the new standard of practice for the above referenced subaward. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the original subaward and all of its attachments.

Name	Signature	Date
Melanie Rouse, Coroner		
Shannon Bennett, Bureau Chief		
for Cody Phinney, Administrator, DPBH		

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

Federal Award Computation			Match				
Total Obligated by this Action:	\$1,210,829.00	Match Required Y Y L N	0.00%				
Cumulative Prior Awards this Budget Period:	\$0.00	Amount Required this Action:	\$0.00				
Total Federal Funds Awarded to Date:	\$1,210,829.00	Amount Required Prior Awards:	\$0.00				
		Total Match Amount Required:	\$0.00				
Research and Development Y Y L N							
Federal Budget Period			Federal Project Period				
9/30/2023 through 9/29/2025			9/30/2022 through 9/29/2025				
FOR AGENCY USE ONLY							
FEDERAL GRANT #: 6H79TI085762-02M005	Source of Funds: Nevada State Opioid Response Grant		% Funds: 100.00	CFDA: 93.788	FAIN: H79TI085762	Federal Grant Award Date by Federal Agency: 10/8/2024	
Budget Account	Category	GL	Function	Sub-org	Job Number		
3170	31	8503	0030	n/a	9378823S		
Non-Federal Source Of Funds	% Funds	Amount	Budget Account	Category	GL	Function	Sub-Org
	0.00						
Job Number:		Description:					

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

SECTION B

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

Clark County Coroner, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

Scope of Work for Clark County Coroner

Primary Goal: [Expand the Postmortem Drug Panel Testing to Include Xylazine and Other Stimulants.](#)

Objective	Activities	Due Date	Documentation Needed
1. Enhance postmortem toxicology testing to include xylazine and stimulants alongside opioids for all decedents.	Acquire and implement the Rapid Hit DNA System for rapid identification of decedents and analysis of drug panels. Recruit, hire and train personnel to oversee the expanded testing protocols and ensure adherence to quality standards. Conduct postmortem testing on all individuals, incorporating the expanded drug panel.	09/29/2025	Procurement documentation, installation records, and monthly progress reports submitted to the BBHWP SOR Program. Recruiting, hiring and training updates provided in monthly progress reports submitted to the BBHWP SOR Program. Deidentified data with test results including substances found and number of individuals tested outlined in monthly progress reports submitted to the BBHWP SOR Program.
2. Report and disseminate findings related to opioid and stimulant-related deaths to relevant stakeholders.	Compile monthly reports detailing opioid and stimulant-related findings, number of individuals tested, and month-over-month trends. Collaborate with BBHWP and local health authorities to develop a plan for meaningful dissemination of data.	09/29/2025	Monthly report documentation. Dissemination plan documentation and monthly progress reports submitted to the BBHWP SOR Program.

Goal: [Monitor and Evaluate the Impact of the Expanded Testing Protocols.](#)

Objective	Activities	Due Date	Documentation Needed
1. Regularly assess the effectiveness and impact of the expanded drug panel testing.	Conduct quarterly evaluations of testing protocols and outcomes to ensure quality and effectiveness. Engage with stakeholders to assess the impact of the data disseminated on harm reduction and public health efforts.	09/29/2025	Evaluation and quality assurance efforts supplied as part of monthly reports to BBHWP SOR Program, updates provided in monthly report to BBHWP SOR Program.

CLARK COUNTY CORONERS OFFICE SCOPE OF WORK

NV DHHS DPBH BUREAU OF BEHAVIORAL HEALTH, WELLNESS AND PREVENTION (BBHWP)

STATE OPIOID RESPONSE PROGRAM

PROJECT PERIOD: SEPTEMBER 30, 2024 – SEPTEMBER 29, 2025

Template Date: 05/17/2024 Version: 0.2

Baseline Narrative:

The State Opioid Response (SOR) Program has engaged stakeholders and decision-makers who implement evidence-based strategies to prevent overdose deaths in Nevada due to opioid and stimulant use.

Expected Outcomes:

Enhanced capabilities for the Clark County Coroner/Medical Examiner Office to accurately identify and report on opioid, xylazine, and stimulant-related deaths, thereby providing critical data to inform public health strategies. This comprehensive testing and data dissemination will support targeted harm reduction efforts, improve community awareness, and ultimately contribute to a decrease in substance-related fatalities in the region.

Goal 1: Expand the Postmortem Drug Panel Testing to Include Xylazine and Other Stimulants

Responsible person(s): Clark County Coroner's Office

Objective	Activities	Outputs	Timeline Begin / Completion	Target Population	Evaluation Measure (indicator)	Evaluation Tool
Objective 1.1: Enhance postmortem toxicology testing	Activity 1.1.1: Acquire and implement the Rapid Hit DNA	Rapid Hit DNA System		All decedents entering the facility	Successful installation and	Procurement documentation, installation

to include xylazine and stimulants alongside opioids for all decedents.	System for rapid identification of decedents and analysis of drug panels.	purchased and operational.	Upon execution - September 30, 2025		functionality of the system.	records, and monthly progress reports submitted to the BBHWP SOR Program.
	Activity 1.1.2: Recruit, hire and train personnel to oversee the expanded testing protocols and ensure adherence to quality standards.	Trained personnel ready to implement testing protocols.	Upon execution - September 30, 2025	Staff involved in postmortem drug testing.	Number of personnel recruited and trained, competency assessments.	Recruiting, hiring and training updates provided in monthly progress reports submitted to the BBHWP SOR Program.
	Activity 1.1.3: Conduct postmortem testing on all individuals, incorporating the expanded drug panel	Number of decedents tested and results documented.	Upon hiring/training personnel – September 29, 2025	All decedents referred for testing.	Total number of tests conducted and drug findings documented.	Deidentified data with test results including substances found and number of individuals tested outlined in monthly progress reports submitted to the BBHWP SOR Program.
Objective 1.2: Report and disseminate findings related to opioid and	Activity 1.2.1: Compile monthly reports detailing opioid and	Comprehensive monthly reports submitted to		BBHWP and relevant public	Completeness and timeliness of	Monthly report documentation

stimulant-related deaths to relevant stakeholders.	stimulant-related findings, number of individuals tested, and month-over-month trends. Activity 1.2.2: Collaborate with BBHWP and local health authorities to develop a plan for meaningful dissemination of data.	BBHWP SOR Program. Data dissemination plan created and implemented.	September 30, 2024 – September 29, 2025 September 30, 2024 – September 29, 2025	health authorities. Public and behavioral health stakeholders and community organizations.	report submissions. Effectiveness of dissemination efforts as evaluated by stakeholder feedback.	Dissemination plan documentation and monthly progress reports submitted to the BBHWP SOR Program.
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Goal 2: Monitor and Evaluate the Impact of the Expanded Testing Protocols

Responsible person(s): Clark County Coroner's Office

Objective	Activities	Outputs	Timeline Begin / Completion	Target Population	Evaluation Measure (indicator)	Evaluation Tool
Objective 2.1: Regularly assess the effectiveness and impact of the expanded drug panel testing.	Activity 2.1.1: Conduct quarterly evaluations of testing protocols and outcomes to ensure quality and effectiveness.	Quarterly evaluation reports detailing findings and recommendations.	Once quarterly through September 29, 2025	Clark County Coroner/Medical Examiner Office staff	Changes in testing accuracy and response to emerging trends.	Evaluation and quality assurance efforts supplied as part of monthly reports to BBHWP SOR Program

	Activity 2.1.2: Engage with stakeholders to assess the impact of the data disseminated on harm reduction and public health efforts.	Stakeholder feedback collected and analyzed.	September 30, 2024 – September 29, 2025	Public health authorities, community organizations, and law enforcement.	Stakeholder satisfaction and engagement levels.	Updates provided in monthly report to BBHWP SOR Program
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Monthly Progress Report /Technical Assistance Due Dates:

Monthly Reports are due the 15th of each month starting in October 2024 through September 2025.

Bi-Monthly Meeting dates are TBD

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

**SECTION C
Budget and Financial Reporting Requirements
revised on**

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to:
 This publication (journal, article, etc.) was supported by the Nevada State Department of Health and Human Services through Grant # 6H79TI085762-02M005 from Nevada State Opioid Response Grant . Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor Nevada State Opioid Response Grant .

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 6H79TI085762-02M005 from Nevada State Opioid Response Grant .

Subrecipient agrees to adhere to the following budget:

Total Personnel Costs			Including Fringe				Total:	\$141,617
<u>Employee</u>	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>	<u>Subject to Indirect?</u>	<u>Fringe Salary</u>
New Position-Forensic Technician	\$47,832.11	3.65%	100.00%	12.00	100.00%	\$49,577.98	Y	Y
Performs specialized and skilled work independently and in support of the medical examiner staff involving autopsy and forensic laboratory work. Participates in all aspects of the forensic medical examination process, including evisceration, dissection, injury pattern analysis, toxicology, histology, radiology, microbiology, photography, tissue restoration, latent fingerprint recovery and comparison, microscopic and trace fiber recovery and evidence identification and recovery. Conducts external examinations of dead bodies and collects specimens for toxicological, microbial and histological analyses; eviscerates bodies and collects evidentiary materials. Maintains a legal chain of custody of the decedent, personal property of the decedent, evidentiary material and laboratory specimens. Conducts and develops radiologic studies of the decedent to aid in diagnosis, identification and the location of projectiles or other foreign objects. Takes photographs to document the condition of bodies and to aid in identification. Interacts with and explains administrative procedures, technical processes and autopsy results to law enforcement agencies, mortuaries, medical personnel and family members of the decedent.								
New Position-Forensic Technician	\$47,832.11	3.65%	100.00%	12.00	100.00%	\$49,577.98	Y	Y
Performs specialized and skilled work independently and in support of the medical examiner staff involving autopsy and forensic laboratory work. Participates in all aspects of the forensic medical examination process, including evisceration, dissection, injury pattern analysis, toxicology, histology, radiology, microbiology, photography, tissue restoration, latent fingerprint recovery and comparison, microscopic and trace fiber recovery and evidence identification and recovery. Conducts external examinations of dead bodies and collects specimens for toxicological, microbial and histological analyses; eviscerates bodies and collects evidentiary materials. Maintains a legal chain of custody of the decedent, personal property of the decedent, evidentiary material and laboratory specimens. Conducts and develops radiologic studies of the decedent to aid in diagnosis, identification and the location of projectiles or other foreign objects. Takes photographs to document the condition of bodies and to aid in identification. Interacts with and explains administrative procedures, technical processes and autopsy results to law enforcement agencies, mortuaries, medical personnel and family members of the decedent.								
Office Specialist	\$40,965.18	3.65%	100.00%	12.00	100.00%	\$42,460.41	Y	Y
Provide office administrative support performing difficult, complex technical and/or specialized office support work such as develop and manage databases and/or spreadsheet files and develop special report formats for Forensic Technicians and Medical Examiners. Research and assemble information from a variety of sources for the completion of forms or the preparation of reports. Review, identify and calculate lab testing invoices for payment. May obtain and/or provide information from other organizations with regards to lab testing and summarize such information and prepare and type correspondence, reports, forms, and specialized documents from drafts, notes, dictated tapes. Composes lab results correspondence independently or from brief instructions; compiling and summarizing information and preparing periodic or special reports; monitor lab testing cost ensuring charges are correct, keep track of budgeted funds being spent on lab testing to ensure Forensic department does not exceed the allotted budgeted amount.								

<u>In-State Travel</u>	Total:	\$0
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<u>Out of State Travel</u>	Total:	\$0
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**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

Operating				Total:	\$783,648
	Amount	# of FTE or Units	# of Months or Occurrences	Cost	Subject to Indirect?
Lab Testing	\$61,833.00	1.0	12.0	\$741,996.00	Y
Lab testing is done to identify for substance abuse in decedents, gowns, gloves and additional medical suppliers are used in the course of the Coroner's Office Forensic Pathology Technicians work in the medical exam/autopsy rooms. Personal protective equipment is required for the safety of our team that is collecting specimens for submission and testing. This work exposes the team to biological materials that must be handled safely and in accordance with bloodborne pathogen standards.					
Medical Gowns	\$400.00	3.0	12.0	\$14,400.00	Y
Lab testing is done to identify for substance abuse in decedents, gowns, gloves and additional medical suppliers are used in the course of the Coroner's Office Forensic Pathology Technicians work in the medical exam/autopsy rooms. Personal protective equipment is required for the safety of our team that is collecting specimens for submission and testing. This work exposes the team to biological materials that must be handled safely and in accordance with bloodborne pathogen standards.					
Gloves	\$330.00	3.0	12.0	\$11,880.00	Y
Lab testing is done to identify for substance abuse in decedents, gowns, gloves and additional medical suppliers are used in the course of the Coroner's Office Forensic Pathology Technicians work in the medical exam/autopsy rooms. Personal protective equipment is required for the safety of our team that is collecting specimens for submission and testing. This work exposes the team to biological materials that must be handled safely and in accordance with bloodborne pathogen standards.					
Medical Supplies (e.g. syringes, test tubes, mask, bouffant caps, sleeve protectors)	\$427.00	3.0	12.0	\$15,372.00	Y
Lab testing is done to identify for substance abuse in decedents, gowns, gloves and additional medical suppliers are used in the course of the Coroner's Office Forensic Pathology Technicians work in the medical exam/autopsy rooms. Personal protective equipment is required for the safety of our team that is collecting specimens for submission and testing. This work exposes the team to biological materials that must be handled safely and in accordance with bloodborne pathogen standards.					

Equipment					Total:	\$277,200
	Amount	# of FTE or Units	# of Months or Occurrences	Cost	Subject to Indirect?	
Rapid DNA System.	\$277,200.00	1	1	\$277,200.00	Y	
Identifying decedents is the foundation that is required in order to complete a competent and thorough investigation into substances in our communities. In Clark County we often encounter visitors to our communities and drugs that are first identified in our office. To better assist our law enforcement partners, and to inform our public health partners about substances in our communities we must first ensure the identification of decedents is completed. The Rapid Hit DNA system equipment would enable our office to make identifications rapidly and internally to drive forward the investigation process. The rolling case would be used to store the supplies that will be used for the additional testing.						

Contractual/Contractual and all Pass-thru Subawards					Total:	\$0
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Training					Total:	\$0
Other					Total:	\$8,364
Expenditure	Amount	# of FTE or Units	# of Months or Occurrences	Cost	Subject to Indirect	
Postage	\$667.00	1	12	\$8,004.00	Y	
FedEx mailing is used to mail out samples for testing.						
Other	\$360.00	1	1	\$360.00	Y	

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

The rolling case will be used to store the supplies that will be used for the additional testing.

TOTAL DIRECT CHARGES	\$1,210,829
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Indirect Charges	Indirect Rate:	0.0%	\$0
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Indirect Methodology: Clark County's indirect rate = 0%.

TOTAL BUDGET	\$1,210,829
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**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

Applicant Name: Clark County Coroner

Form 2

PROPOSED BUDGET SUMMARY

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

FUNDING SOURCES	State Opioid Response	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$1,210,829.00								\$1,210,829.00

EXPENSE CATEGORY

Personnel	\$141,617.00								\$141,617.00
Travel	\$0.00								\$0.00
Operating	\$783,648.00								\$783,648.00
Equipment	\$277,200.00								\$277,200.00
Contractual/Consultant	\$0.00								\$0.00
Training	\$0.00								\$0.00
Other Expenses	\$8,364.00								\$8,364.00
Indirect	\$0.00								\$0.00
TOTAL EXPENSE	\$1,210,829.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$1,210,829.00
These boxes should equal 0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
Total Indirect Cost	\$0.00	Total Agency Budget							\$1,210,829.00
Percent of Subrecipient Budget									100.00%

B. Explain any items noted as pending:

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C. Program Income Calculation:

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

within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**

the program upon termination of this agreement.

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).

Note: If match funds are required, Section H: Matching Funds Agreement must accompany the subaward packet.

The Subrecipient agrees:

To request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subaward period.

*****Total reimbursement through this subaward will not exceed **\$1,210,829.00**;

*****Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;

*****Indicate what additional supporting documentation is needed in order to request reimbursement;

The Subrecipient agrees:

To request reimbursement according to the schedule specified for the actual expenses incurred related to the Scope of Work during the subaward period. Requests for Reimbursement shall be submitted by the 15th of every month.

*****Total reimbursement through this subaward will not exceed what is identified in the budget

*****Requests for Reimbursement will be accompanied by supporting documentation, including a line-item description of expenses incurred; and

*****Additional expenditure detail will be provided upon request from the Department.

Additionally, the Subrecipient agrees to provide:

*****A complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD.

Any un-obligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.

*****Any work performed after the BUDGET PERIOD will not be reimbursed.

*****If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Department may not be able to provide reimbursement.

*****If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.; and

*****Additional expenditure detail will be provided upon request from the Department.

Additionally, the Subrecipient agrees to provide:

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

*****Any work performed after the BUDGET PERIOD will not be reimbursed.

*****If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Department may not be able to provide reimbursement.

*****If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.

The Department agrees:

*****Identify specific items the program or Bureau must provide or accomplish to ensure successful completion of this project, such as:

*****Providing technical assistance, upon request from the Subrecipient;

*****Providing prior approval of reports or documents to be developed;

*****Forwarding a report to another party, i.e. CDC.

*****The Department agrees:

*****To identify specific items the program or Bureau must provide or accomplish to ensure successful completion of this project, such as:

o Providing technical assistance, upon request from the Subrecipient.

*****The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation is submitted to and accepted by the Department.

*****The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Department.

Both parties agree:

*****The site visit/monitoring schedule may be clarified here. Both parties agree:

*****The site visit/monitoring schedule will consist of a date and time agreed upon in advance by the Department and the Subrecipient.

*****The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.

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

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

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

< *****The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.

< *****All reports of expenditures and requests for reimbursement processed by the Department are SUBJECT TO AUDIT.

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

Financial Reporting Requirements

< *****A Request for Reimbursement is due on a Monthly basis, based on the terms of the subaward agreement, no later than the 15th of the month.

< *****Reimbursement is based on actual expenditures incurred during the period being reported.

< *****Payment will not be processed without all reporting being current.

< *****Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.

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

**SECTION D
Request for Reimbursement
revised on**

<u>Program Name:</u> State Opioid Response	<u>Subrecipient Name:</u> Clark County Coroner
<u>Address:</u> 4126 Technology Way, Carson City, Nevada 89706	<u>Address:</u> 1704 Pinto Ln, Las Vegas , Nevada 89106
<u>Subaward Period:</u> 09/30/2024 - 09/29/2025	<u>Subrecipient's:</u> EIN: 88-6000028 Vendor #: T81026920W

FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT

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

Month(s)	Calendar Year
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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	\$141,617.00	\$0.00	\$0.00	\$0.00	\$141,617.00	0.00%
2. Travel	\$0.00	\$0.00	\$0.00	0.0000	\$0.00	0.00%
3. Operating	\$783,648.00	\$0.00	\$0.00	\$0.00	\$783,648.00	0.00%
4. Equipment	\$277,200.00	\$0.00	\$0.00	\$0.00	\$277,200.00	0.00%
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
7. Other	\$8,364.00	\$0.00	\$0.00	\$0.00	\$8,364.00	0.00%
8. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
Total	\$1,210,829.00	\$0.00	\$0.00	\$0.00	\$1,210,829.00	0.00%

MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Complete
						0.00%

I, a duly authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and that I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties.

Authorized Signature	Title	Date
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FOR DEPARTMENT USE ONLY

Is program contact required? Y Yes L No

Contact Person

Reason for contact:

Fiscal review/approval date:

Scope of Work review/approval date:

ASO or Bureau Chief (as required):

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

SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted by a CPA or a firm of CPAs. ☐ Yes ☒ No
2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year? ☐ Yes ☒ No
3. When does your organization's fiscal year end? June 30, 2025
4. What is the official name of your organization? Clark County Coroner/Medical Examiner
5. How often is your organization audited? Semi-Annually
6. When was your last audit performed? September 26, 2024
7. What time-period did your last audit cover? July 1, 2023-June 30, 2024
8. Which accounting firm conducted your last audit? Department audits are performed internally by Clark County Finance Dept.

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

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

SECTION F

Current or Former State Employee Disclaimer

For the purpose of State compliance with NRS 333.705, subrecipient represents and warrants that if subrecipient, or any employee of subrecipient who will be performing services under this subaward, is a current employee of the State or was employed by the State within the preceding 24 months, subrecipient has disclosed the identity of such persons, and the services that each such person will perform, to the issuing Agency. Subrecipient agrees they will not utilize any of its employees who are Current State Employees or Former State Employees to perform services under this subaward without first notifying the Agency and receiving from the Agency approval for the use of such persons. This prohibition applies equally to any subcontractors that may be used to perform the requirements of the subaward.

The provisions of this section do not apply to the employment of a former employee of an agency of this State who is not receiving retirement benefits under the Public Employees Retirement System (PERS) during the duration of the subaward.

Are any current or former employees of the State of Nevada assigned to perform work on this subaward?

- | | | |
|-----|----------------------------------|---|
| YES | <input checked="" type="radio"/> | If YES, list the names of any current or former employees of the State and the services that each person will perform. |
| NO | <input type="radio"/> | Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the Department. |

Name

Services

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

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

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

SECTION G

Confidentiality Addendum

BETWEEN

Nevada Department of Health and Human Services

Hereinafter referred to as %Department+

And

Clark County Coroner

Hereinafter referred to as %Subrecipient+

This CONFIDENTIALITY ADDENDUM (the Addendum) is hereby entered into between Department and Subrecipient.

Subrecipient to Department that is confidential and must be treated and protected as such.

I. DEFINITIONS

them in the context in which they first appear.

1. **Agreement** shall refer to this document and that particular inter-local or other agreement to which this addendum is made a part.
2. **Confidential Information** shall mean any names, addresses or any other identifying information or health information of individual subjects or any identifying data concerning individuals in any records disclosed to sub-grantee in conjunction with the goods or services provided by Sub-grantee under the Sub-grant Award.
3. **Subrecipient** shall mean the name of the organization described above.
4. **Required by Law** shall mean a mandate contained in law that compels a use or disclosure of information.

II. TERM

The term of this Addendum shall commence as of the effective date of the primary inter-local or other agreement and shall expire when all information provided by Department or created by Subrecipient from that confidential information is destroyed or returned, if feasible, to Department pursuant to Clause VI (4).

III. LIMITS ON USE DISCLOSURE ESTABLISHED BY TERMS OF CONTRACT OR LAW

Subrecipient hereby agrees it shall not use or disclose the confidential information provided, viewed or made available by Department for any purpose other than as permitted by Agreement or required by law.

IV. PERMITTED USES DISCLOSURES OF INFORMATION BY SUBRECIPIENT

Subrecipient shall be permitted to use and/or disclose information accessed, viewed or provided from Department for the purpose(s) required in fulfilling its responsibilities under the primary inter-local or other agreement.

V. USE OR DISCLOSURE OF INFORMATION

Subrecipient may use information as stipulated in the primary inter-local or other agreement if necessary for the proper management and administration of Subrecipient; to carry out legal responsibilities of Subrecipient; and to provide data aggregation services relating to the

1. The disclosure is required by law; or

VI. OBLIGATIONS OF SUBRECIPIENT

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

1. **Agents and Subcontractors.** Any agent or subcontractor who provides or makes available information, will be bound by the same restrictions and conditions on the access, view or use of confidential information that apply to Subrecipient and are contained in Agreement.
2. **Appropriate Safeguards.** Any agent or subcontractor who provides or makes available information, will be bound by the same restrictions and conditions on the access, view or use of confidential information other than as provided for by Agreement.
3. **Reporting Improper Use or Disclosure.** Any agent or subcontractor who becomes aware of confidential information not provided for by Agreement of which it becomes aware.
4. **Return or Destruction of Confidential Information.** At the termination of Agreement, if the return or destruction of confidential information is not feasible, Subrecipient will extend the protections of Agreement to that confidential information as long as the return or destruction is infeasible. All confidential information of which the Subrecipient maintains will not be used or disclosed.

IN WITNESS WHEREOF, Subrecipient and the Department have agreed to the terms of the above written Addendum as of the effective date of the inter-local or other agreement to which this Addendum is made a part.

.....7 ca d' jUbW'k jH 'h jg'gYw'cb jg'UW_bck`YX[YX'Vmig[b]b['h Ygi VUk UfX'Vej Yf'dU[YcZH jg'dUW_YH'

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

Section H is not applicable for this Subaward