

Brian Sandoval
Governor



Chris Perry
Director

Christopher B. Smith
Chief

Division of Emergency Management

Homeland Security

2478 Fairview Drive
Carson City, Nevada 89701

Telephone (775) 687-0300 • Fax (775) 687-0322 • <http://dem.state.nv.us/>

November 2, 2011

Ms. Carolyn Levering, Emergency Manager
Las Vegas Emergency Management
500 N. Casino Center Blvd.
Las Vegas, NV. 89101

Dear Ms. ^{Carolyn}Levering:

The Division of Emergency Management is pleased to enclose a Federal Fiscal Year 2011 Metropolitan Medical Response System (MMRS) grant award in the amount of \$267,608.00.

The grant performance period is September 1, 2011 – August 31, 2013. The grant performance period is a condition of this grant award. All grant expenditures and reporting must be completed by the end of the grant performance period to receive reimbursement.

Attached to your award is a copy of the approved budget. Please be aware that any modifications to the approved budget will require approval in advance from this Division through a "Project Change Request" form.

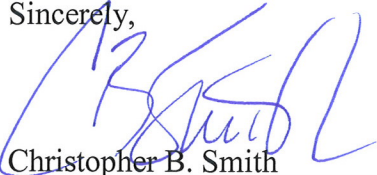
The federal and state assurances along with the grant award documents have been updated for the FFY 2011 grant cycle. Please review these documents carefully to ensure compliance. In addition to the updated award and assurances the Division of Emergency Management is providing a declining balance detailed budget for your use, which is now a requirement with the submission of each quarterly/monthly financial report. The declining balance detailed budget will be sent to each sub-grantee electronically.

Please sign the original award, confirmation copy and federal and state assurances and return the original grant award and the signed federal and state assurances to the Division of Emergency Management, 2478 Fairview Drive, Carson City, Nevada, 89701. Please retain the confirmation copy, budget and a copy of the assurances for your records.

Ms. Carolyn Levering, Emergency Manager
November 2, 2011
Page 2

If you have any questions or if we can be of any assistance with the administration of this grant, please do not hesitate to contact the Homeland Security Grant Section, Division of Emergency Management, at (775) 687-0300.

Sincerely,



Christopher B. Smith
Chief, Emergency Management Division

SWilliams

Enclosures

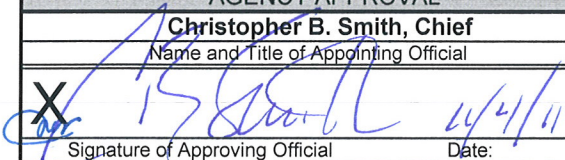


STATE OF NEVADA
DEPARTMENT OF PUBLIC SAFETY (DPS)
DIVISION OF EMERGENCY MANAGEMENT (DEM)
OFFICE OF HOMELAND SECURITY (OHS)
 2478 Fairview Drive, Carson City, Nevada 89701
 Telephone (775) 687-0300, Fax (775) 687-0322

Grant Award	
SUBGRANTEE: Las Vegas Emergency Management	CFDA / PROJECT NO: 97067.11-M11
ADDRESS: 500 N. Casino Center Blvd. Las Vegas, Nv. 89101	DEM DUNS: 607025848
PROJECT TITLE: Department of Homeland Security (DHS) Grant FFY11 - Metropolitan Medical Response System (MMRS)	SUB-GRANTEE DUNS: 30381610
GRANT PERIOD: 9/1/2011 - 8/31/2013	FEDERAL GRANT FUNDS: \$267,608.00
Special Notes:	MATCHING FUNDS: \$0.00
	TOTAL: \$267,608.00

APPROVED BUDGET FOR PROJECT		
CATEGORY	TOTAL PROJECT COSTS	
Metropolitan Medical Response System		\$267,608.00
TOTAL		\$267,608.00

This award is subject to the requirements (federal, state financial and program assurances) established by the federal government and Department of Public Safety and the Division of Emergency Management. This award is subject to availability of federal funding.
 Special Conditions: (If Applicable) This project is approved subject to such conditions or limitations as set forth on the attached page(s)
 ATTACHMENTS: (1) FEDERAL & STATE ASSURANCES (2) FINANCIAL AND PROGRAM ASSURANCES (3) FEDERAL CERTIFICATIONS
 (4) SCOPE AND TIMELINE OF WORK (5) LINE ITEM DETAILED BUDGET.

AGENCY APPROVAL		SUBGRANTEE ACCEPTANCE	
Christopher B. Smith, Chief		Carolyn Goodman, Mayor	
Name and Title of Appointing Official		Name and Title of Appointing Official	
X  4/2/11		X	
Signature of Approving Official	Date:	Signature of Approving Official	Date:

Form: DEM - FFY2011

Carolyn G. Goodman, Mayor

APPROVED AS TO FORM


 James B. Lewis
 Deputy City Attorney

12/5/11
 Date

ORIGINAL



STATE OF NEVADA
DEPARTMENT OF PUBLIC SAFETY (DPS)
DIVISION OF EMERGENCY MANAGEMENT (DEM)
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AGENCY APPROVAL		SUBGRANTEE ACCEPTANCE	
Christopher B. Smith, Chief		Carolyn Goodman, Mayor	
Name and Title of Appointing Official		Name and Title of Appointing Official	
X		X	
Signature of Approving Official	Date: 11/4/11	Signature of Approving Official	Date:

Form: DEM - FFY2011

Carolyn G. Goodman, Mayor

APPROVED AS TO FORM

James B. Lewis 12/5/11
 Deputy City Attorney Date

CONFIRMATION COPY

HOMELAND SECURITY GRANT PROGRAM (HSGP)

FFY11

INVESTMENT JUSTIFICATION (IJ) BUDGET DETAIL

IJ TITLE: Project Name: Metropolitan Medical Response System Requested REV 052011

One Budget Per Funding Stream											
MMRS			NN				Please Select Sub-Grantee Name				
Line #	CATEGORY	DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QTY	UNIT COST	TOTAL	AEL Ref #	Funding Source	CITY OF LAS VEGAS	Grand Total
	Personnel Contracts	Positions require: How many, type, max amount of time 12 mo, New, Existing & Description of Position. All personnel & contracts must be put under this category, please notate each line with planning, organization, training or exercise. Personnel Positions require 100% Full Time Equivalent	New	DHS Federal		-	\$				
1		MMRS Coord. Position (12 mo.)	Sustainment	DHS Federal	1	124,000.00	\$ 124,000.00		MMRS	\$ -	\$ -
2		Reister Strategic Planning and Consulting (12 mo.)							MMRS	\$ 124,000.00	\$ 124,000.00
		Strategic communication; profile-raising campaigns, issues management; research, monitoring, intelligence analysis; contact and coalition-building; public and media relations	Sustainment	DHS Federal	1	10,000.00	\$ 10,000.00		MMRS	\$ 10,000.00	\$ 10,000.00
3				Local			\$		MMRS		
4			Select Type						MMRS		\$ -
8	Planning	Updating, coordinating, and/or developing MMRS, ICS, IMT, WMD, MCI, and/or medical surge plans	Sustainment	DHS Federal	1	5,000.00	\$ 5,000.00		MMRS	5000	\$ 5,000.00
9		MMRS National Conference	Select Type	DHS Federal	1	5,000.00	\$ 5,000.00		MMRS	5,000.00	\$ 5,000.00
10		IAEM Supported conference in alignment with MMRS									
11		TCL	Select Type	DHS Federal	1	5,000.00	\$ 5,000.00		MMRS	5,000.00	\$ 5,000.00
12			Select Type						MMRS		\$ -
		Please see your grant guidance to determine the use of this category - NOT for operating costs, typically for increased threat level and/or fusion centers									
13	Organization		Select Type			\$ -			MMRS		\$ -
14			Select Type			\$			MMRS		\$ -
15			Select Type			\$ -			MMRS		\$ -
16			Select Type			\$			MMRS		\$ -
		The complete sequence of Approved Equipment List (AEL) is required, please go to www.rkb.us for complete listing									
17	Equipment		Select Type			\$			MMRS	\$	\$ -
18		DuoDote	New	DHS Federal	14.2245	2,000.00	\$ 28,449.00	09PH-05-NAAK	MMRS	28,449.00	\$ 28,449.00
19		New AutoVents	Sustainment	DHS Federal	10	2,000.00	\$ 20,000.00	09ME-02-VENT	MMRS	20,000.00	\$ 20,000.00
20		FirstWatch Annual Maintenance: (\$30,000 for 12 months)	Sustainment	DHS Federal	1	30,000.00	\$ 30,000.00	04AP-06-CBRN	MMRS	30,000.00	\$ 30,000.00
21		Cyanokits	Enhance	DHS Federal	20	1,000.00	\$ 20,000.00	09PH-05-CYKT	MMRS	20,000.00	\$ 20,000.00
		Rad 57's Carbon Monoxide Detectors (Non-invasive medical device used to monitor blood levels of substances such as methemoglobin and carboxyhemoglobin).									
22		Existing AutoVent Maintenance (12 months)	New	DHS Federal	10	800.00	\$ 8,000.00	09ME-03-BCNI	MMRS	8,000.00	\$ 8,000.00
23			Sustainment	DHS Federal	1	7,159.00	\$ 7,159.00	04AP-06-CBRN	MMRS	7,159.00	\$ 7,159.00
24			Select Type				\$		MMRS		\$ -
25			Select Type				\$		MMRS		\$ -
26			Select Type				\$		MMRS		\$ -

HOMELAND SECURITY GRANT PROGRAM (HSGP)
FFY11

INVESTMENT JUSTIFICATION (IJ) BUDGET DETAIL

IJ TITLE: Project Name: Metropolitan Medical Response System Requested REV 052011											
One Budget Per Funding Stream											
MMRS											
NN											
Line #	CATEGORY	DETAIL DESCRIPTION	Purchase Type	Previous Funding Type	QTY	UNIT COST	TOTAL	AEI Ref #	Funding Source	CITY OF LAS VEGAS	Grand Total
27	Training	All Training in this category must be coordinated with the State/UASI Training Officer. Training Must have a FEMA/DHS approved course number or must be approved under the three-iteration rule	Select Type				\$ -		MMRS		\$ -
28			Sustainment	DHS Federal					MMRS		
29			Sustainment	DHS Federal					MMRS		\$ -
33	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer	Select Type				\$ -		MMRS		\$ -
34		MMRS TCL Exercise	Sustainment	DHS Federal	1	5,000.00	\$ 5,000.00		MMRS	5,000.00	\$ 5,000.00
35			Select Type				\$ -		MMRS		\$ -
							\$ 267,608.00			\$ 267,608.00	\$ 267,608.00

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November 2, 2011_____

Ms. Carolyn Levering, Emergency Manager
Las Vegas Emergency Management
500 N. Casino Center Blvd.
Las Vegas, NV. 89101

Dear Ms. ^{Carolyn}Levering:

The Division of Emergency Management is pleased to enclose a Federal Fiscal Year 2011 Urban Area Security Initiative (UASI) grant award in the amount of \$37,551.00.

Metropolitan Medical Response System \$37,551.00

The grant performance period is September 1, 2011 – August 31, 2013. The grant performance period is a condition of this grant award. All grant expenditures and reporting must be completed by the end of the grant performance period to receive reimbursement.

Attached to your award is a copy of the approved budget. Please be aware that any modifications to the approved budget will require approval in advance from this Division through a "Project Change Request" form.

The federal and state assurances along with the grant award documents have been updated for the FFY 2011 grant cycle. Please review these documents carefully to ensure compliance. In addition to the updated award and assurances the Division of Emergency Management is providing a declining balance detailed budget for your use, which is now a requirement with the submission of each quarterly/monthly financial report. The declining balance detailed budget will be sent to each sub-grantee electronically.

Please sign the original award, confirmation copy and federal and state assurances and return the original grant award and the signed federal and state assurances to the Division of Emergency Management, 2478 Fairview Drive, Carson City, Nevada, 89701. Please retain the confirmation copy, budget and a copy of the assurances for your records.

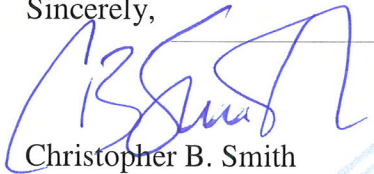
Ms. Carolyn Levering, Emergency Manager

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Page 2

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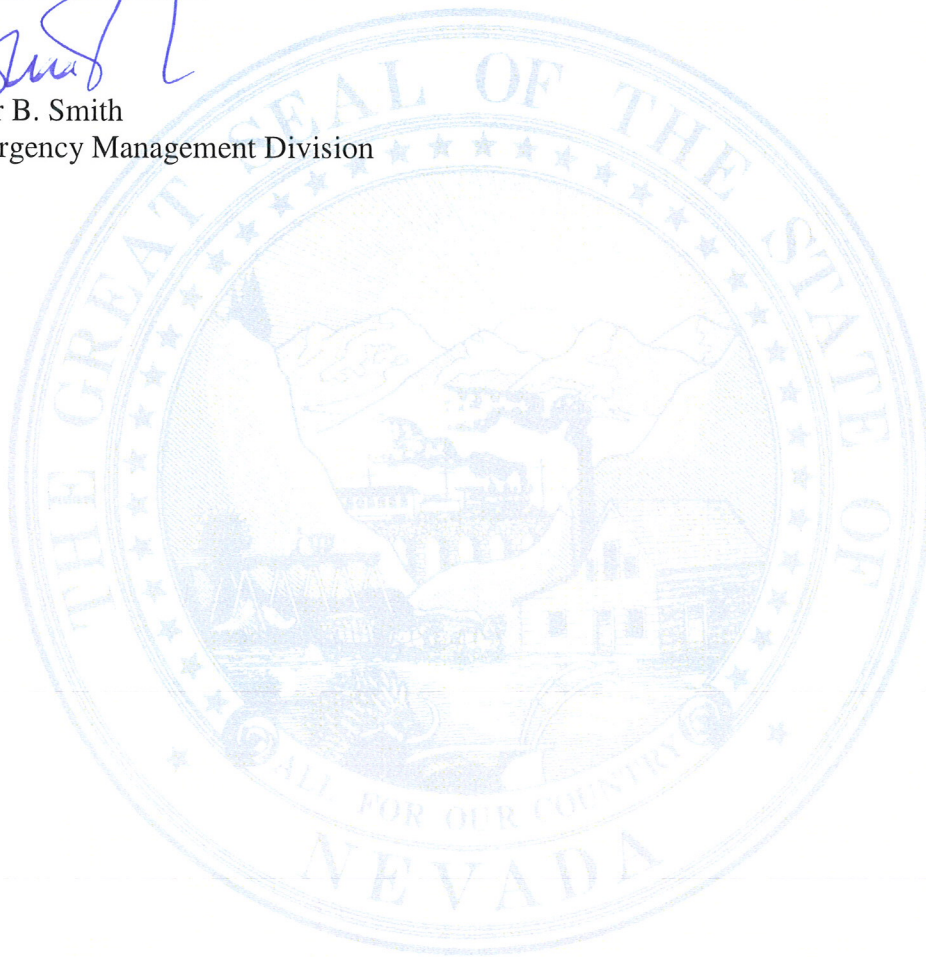
Sincerely,



Christopher B. Smith
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SWilliams

Enclosures





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PROJECT TITLE: Department of Homeland Security (DHS) Grant FFY11 - Urban Area Security Initiative (UASI)	SUB-GRANTEE DUNS: 30381610
GRANT PERIOD: 9/1/2011 - 8/31/2013	FEDERAL GRANT FUNDS: \$37,551.00
Special Notes:	MATCHING FUNDS: \$0.00
	TOTAL: \$37,551.00

APPROVED BUDGET FOR PROJECT		
CATEGORY	TOTAL PROJECT COSTS	
Metropolitan Medical Response System		\$37,551.00
TOTAL		\$37,551.00

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AGENCY APPROVAL	SUBGRANTEE ACCEPTANCE
Christopher B. Smith, Chief Name and Title of Appointing Official	Carolyn Goodman, Mayor Name and Title of Appointing Official
X Signature of Approving Official	X Signature of Approving Official
Date: 11/4/11	Date:

Form: DEM - FFY2011

Carolyn G. Goodman, Mayor

APPROVED AS TO FORM

James B. Lewis
Deputy City Attorney

12/5/11
Date

ORIGINAL

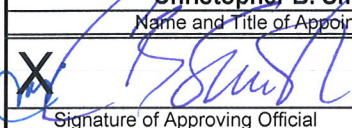
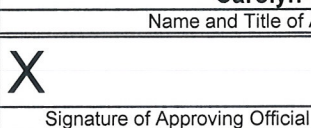


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AGENCY APPROVAL	SUBGRANTEE ACCEPTANCE
Christopher B. Smith, Chief Name and Title of Appointing Official	Carolyn Goodman, Mayor Name and Title of Appointing Official
☒  11/4/11 Signature of Approving Official Date:	☒  Signature of Approving Official Date:

Form: DEM - FFY2011

Carolyn G. Goodman, Mayor

APPROVED AS TO FORM


James B. Lewis
Deputy City Attorney

12/5/11
Date

CONFIRMATION COPY

UASI			NN					Please Select Sub-Grantee Name			
Line #	CATEGORY	DETAIL DESCRIPTION Positions Require: How Many, Type, Max Amount of Time	Purchase Type	Previous Funding Type	QTY	UNIT COST	TOTAL	AEL Ref #	Funding Source	CITY OF LAS VEGAS	Grand Total
		Positions Require: How Many, Type, Max Amount of Time									
		12 mo, New, Existing & Description of Position. All personnel & contracts must be put under this category, please notate each line with planning, organization, training or exercise. Personnel Positions require 100% Full Time Equivalent									
1	Personnel Contracts		New	DHS Federal		-	\$ -		UASI	\$ -	\$ -
2			Select Type		0	-	\$ -		UASI		\$ -
3			Select Type		0	-	\$ -		UASI		\$ -
25	Planning		Select Type				\$ -		UASI		\$ -
26			Select Type		0	-	\$ -		UASI		\$ -
27			Select Type				\$ -		UASI		\$ -
51	Organization	Please see your grant guidance to determine the use of this category - NOT for operating costs, typically for increased threat level and/or fusion centers	Select Type				\$ -		UASI		\$ -
52			Select Type				\$ -		UASI		\$ -
53			Select Type				\$ -		UASI		\$ -
65	Equipment	The complete sequence of Approved Equipment List (AEL) is required, please go to www.rkb.us for complete listing	Select Type				\$ -		UASI		\$ -
66		DuoDote	New	DHS Federal	18.7755	2,000.00	\$ 37,551.00	09PH-05-NAAK	UASI	37,551.00	\$ 37,551.00
67			Select Type				\$ -		UASI		\$ -
68			Select Type				\$ -		UASI		\$ -
69			Select Type				\$ -		UASI		\$ -
95	Training	All Training in this category must be coordinated with the State/UASI Training Officer, Training Must have a FEMA/DHS approved course number or must be approved under the three-iteration rule	Select Type				\$ -				
96			Select Type				\$ -		UASI		\$ -
97			Select Type				\$ -		UASI		\$ -
126	Exercise	All Exercises must be HSEEP compliant and coordinated with the State/UASI Exercise Officer	Select Type				\$ -		UASI		\$ -
127			Sustainment		0	-	\$ -		UASI		\$ -
128			Select Type				\$ -		UASI		\$ -
							\$ 37,551.00			\$ 37,551.00	\$ 37,551.00