



BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / GRANTS

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: 02/18/2025

* = Mandatory, information must be provided

or Procurement Director Award: ☐

***Contractor/Vendor Name/Grantor (DBA):**

Resolve to Save Lives, Inc.

***Project Title/Description:**

7-1-7 Alliance will use laboratory data to improve timeliness of detection, notification, and early response to disease outbreaks.

***Purpose:**

Amendment #1 extends the term of this grant by four months, ending on October 31, 2025 rather than June 30, 2025. This project will evaluate the differences in response when outbreaks are detected via laboratory versus notification by public health partners. A detailed analysis of historical outbreaks will be conducted to identify opportunities to reduce disease identification time with public health partners.

***Procurement Method:**

The grant amendment did not require PCAO's review or signature.

***Program Goals/Predicted Outcomes:**

An analysis of historical data will identify opportunities to reduce time needed to identify disease outbreaks.

***Public Benefit:**

This project will support PCHD and other health departments in their response to disease outbreaks.

***Metrics Available to Measure Performance:**

- Summary report of analytical findings.
- Number of trainings conducted on the developed tool and new metric measurements.

***Retroactive:**

Yes. Resolve to Save Lives made the Amendment effective on January 3, 2025, but February 18, 2025 is the soonest we could get it to the BOS for approval. If not approved, the Pima County Health Department will not have enough time to complete the scope of the grant.

6m11 approved
(PCHD) 1/28/2025

THE APPLICABLE SECTION(S) BELOW MUST BE COMPLETED

Click or tap the boxes to enter text. If not applicable, indicate "N/A". Make sure to complete mandatory (*) fields

Contract / Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____
Commencement Date: _____ Termination Date: _____ Prior Contract Number (Synergen/CMS): _____
☐ Expense Amount \$ _____ ☐ Revenue Amount: \$ _____

***Funding Source(s) required:** _____

Funding from General Fund? ☐ Yes ☐ No If Yes \$ _____ % _____

Contract is fully or partially funded with Federal Funds? ☐ Yes ☐ No

If Yes, is the Contract to a vendor or subrecipient? _____

Were insurance or indemnity clauses modified? ☐ Yes ☐ No

If Yes, attach Risk's approval.

Vendor is using a Social Security Number? ☐ Yes ☐ No

If Yes, attach the required form per Administrative Procedure 22-10.

Amendment / Revised Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____
Amendment No.: _____ AMS Version No.: _____
Commencement Date: _____ New Termination Date: _____
Prior Contract No. (Synergen/CMS): _____

☐ Expense ☐ Revenue ☐ Increase ☐ Decrease

Amount This Amendment: \$ _____

Is there revenue included? ☐ Yes ☐ No If Yes \$ _____

***Funding Source(s) required:** _____

Funding from General Fund? ☐ Yes ☐ No If Yes \$ _____ % _____

Grant/Amendment Information (for grants acceptance and awards)

☐ Award ☒ Amendment

Document Type: Grant amendment Department Code: HD Grant Number (i.e., 15-123): 74210
Commencement Date: 01/03/2025 Termination Date: 10/31/2025 Amendment Number: 01
☐ Match Amount: \$ _____ ☐ Revenue Amount: \$ _____

***All Funding Source(s) required:** Resolve to Save Lives, Inc.

*Match funding from General Fund? ☐ Yes ☒ No If Yes \$ _____ % _____

*Match funding from other sources? ☐ Yes ☒ No If Yes \$ _____ % _____

*Funding Source: N/A

*If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?

N/A

Contact: Sharon Grant

Department: Health

Telephone: 724-7842

Department Director Signature: _____ Date: 1/27/2025

Deputy County Administrator Signature: _____ Date: 1-29-2025

County Administrator Signature: _____ Date: 1/29/2025

AMENDMENT

No. 1

This no-cost extension amendment No. 1 ("**Amendment No.**") is established pursuant to the agreement signed between Resolve to Save Lives, Inc. and Pima County Health Department (the "Grantee") effective July 1st, 2024. This amendment shall be effective from January 3rd, 2025 ("**Amendment Effective Date**").

The following sections are amended as indicated:

- 1. DURATION:** This agreement shall commence on the Effective Date and shall end on **October 31st, 2025**. This agreement does not ensure or obligate either party to renew the agreement for any additional period.

All other items remain unchanged.

The parties are signing this agreement on the date set forth in the introductory paragraph.

Pima County

Signatory: _____

Signatory Title: Chair, Board of Supervisors

Date: _____

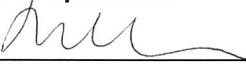
Pima County

Signatory: _____

Signatory Title: Clerk of the Board

Date: _____

Pima County Health Department

Signatory: 

Signatory Title: Director Health Department / Designee

Date: 1/27/2025

Resolve to Save Lives, Inc.

Signatory: _____

Signatory Title: Sr VP, Prevent Epidemics

Date: _____