



BOARD OF SUPERVISORS AGENDA ITEM REPORT
AWARDS / CONTRACTS / GRANTS

Award Contract Grant

Requested Board Meeting Date: September 17, 2024

or Procurement Director Award:

* = Mandatory, information must be provided

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

Arizona Department of Health Services (ADHS)

***Project Title/Description:**

Immunization Services

***Purpose:**

Develop and support ongoing strategies to address immunization needs and promote activities to increase the immunization rates of Pima County's children, teens, and adults with an emphasis on COVID-19 immunizations. These funds will be used for expanded and enhanced vaccination efforts aimed at improving immunization coverage levels for children and adults.

Amendment #2 extends the term of the Bridge Access Program by six months to 06/30/2025. There is no change in the funding amounts.

***Procurement Method:**

The grant amendment was reviewed and signed by PCAO.

***Program Goals/Predicted Outcomes:**

1. Improve COVID-19 and flu vaccine equity and access in Pima County by strategically targeting those least likely to seek vaccination.
2. Enhance cold storage capacity and capability for vaccinations.
3. Improve and maintain outbreak/pandemic preparedness.

***Public Benefit:**

Vaccination is a vital strategy to control the spread of COVID-19 and reduce the prevalence of other vaccine preventable diseases. This funding will assist with vaccine distribution in Pima County by targeting racial and ethnic minority populations where vulnerability to disease is higher and vaccination rates are lower. Additional funding was awarded to support activities that promote no-cost COVID-19 vaccine distribution to uninsured/underinsured adults. This funding is critical to ensure access after COVID-19 vaccines have transitioned to a traditional commercial market. The funding also enhances influenza outbreak preparedness through vaccination and increasing cold storage.

***Metrics Available to Measure Performance:**

- Number of staff hours provided to the COVID-19 and other vaccination efforts
- Incidence of vaccine preventable disease reported in Pima County
- Number of Bridge Program COVID-19 vaccines distributed to uninsured/underinsured adults

***Retroactive:**

No.

*GM I approv's
per 8/28/24*

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

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): 70293

Commencement Date: 12/31/2024 Termination Date: 06/30/2025 Amendment Number: 02

Match Amount: \$ _____ Revenue Amount: \$ _____

*All Funding Source(s) required: Centers for Disease Control and Prevention

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

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

*Funding Source: _____

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

Federal funding received via the Arizona Department of Health Services

Contact: Sharon Grant

Department: Health

Telephone: 724-7842

Department Director Signature: [Signature]

Date: 8-26-24

Deputy County Administrator Signature: [Signature]

Date: 29 Aug 2024

County Administrator Signature: [Signature]

Date: 8/29/2024



INTERGOVERNMENTAL AGREEMENT (IGA)
Amendment

ARIZONA DEPARTMENT OF HEALTH SERVICES
150 18th Ave Suite 530
Phoenix, Arizona 85007

Contract No.:
CTR062571

IGA Amendment No.: Two (2)

Procurement Officer
Kailee Gray

IMMUNIZATION SERVICES

It is mutually agreed that the Intergovernmental Agreement referenced is amended as follows:

1. Pursuant to Terms and Conditions, Provision Six (6), Contract Changes, Section 6.1., Amendments, Purchase Orders and Changes Orders, the following revision is made under this Amendment Two (2):
 - 1.1. The Price Sheet is hereby revised and replaced; and
 - 1.2. Exhibit E is hereby revised and replaced.

ALL CHANGES ARE REFLECTED IN **RED**

All other provisions of this agreement remain unchanged.

Pima County Health Department

Contractor Name:

Authorized Signature

3950 South Country Club Road, #100

Address:

Print Name

Tucson

AZ

85714

City

State

Zip

Title

Pursuant to A.R.S. § 11-952, the undersigned public agency attorney has determined that this Intergovernmental Agreement is in proper form and is within the powers and authority granted under the laws of Arizona

This Intergovernmental Agreement Amendment shall be effective the date indicated. The Public Agency is hereby cautioned not to commence any billable work or provide any material, service or construction under this IGA until the IGA has been executed by an authorized ADHS signatory.

8/21/24

State of Arizona

Signature

Date

Signed this · day of · 2024.

Jonathan Pinkney

Print Name

Procurement Officer

Contract No.: **CTR062571**, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney, who has determined that it is in proper form and is within the powers and authority granted under the laws of the State of Arizona.

Signature

Date

REVIEWED BY:

Appointing Authority or Designee
Pima County Health Department

Assistant Attorney General

Print Name



INTERGOVERNMENTAL AGREEMENT (IGA) Amendment

**ARIZONA DEPARTMENT OF
HEALTH SERVICES**
150 18th Ave Suite 530
Phoenix, Arizona 85007

Contract No.:
CTR062571

IGA Amendment No.: Two (2)

Procurement Officer
Kailee Gray

Price Sheet

Activity	Frequency	Unit Rate	Unit of Measure	Total
Supplemental flu vaccination activities. (SAIF Funds)	As needed by June 30, 2025	N/A	Total	Not to exceed allocation= \$225,000.00 (minus any payout from previous contract)
Improve vaccine cold storage capacity; increase capacity for data entry and reminder recall activities (IDEAS Funds)	As needed by June 30, 2025	N/A	Total	Not to exceed allocation= \$125,000 (minus any payout from previous contract)
Enhance VFC/COVID-19 activities (VIP Funds)	As needed by June 30, 2025	N/A	Total	Not to exceed allocation= \$322,600.00 (minus any payout from previous contract)
IZCOVID4 COVID-19 Vaccination Equity Funding (Equity Funds)	As needed by June 30, 2025	N/A	Total	Not to exceed allocation= \$9,559,161.00 (minus any payout from previous contract)
Bridge Access Program Administration Fee and operating costs for COVID-19 Vaccine to uninsured adults	As needed by June 30, 2025	N/A	Total	Not to exceed allocation= \$578,734.00 (specific to county)

*Prices may be reviewed and adjusted annually over the term of the Agreement

	INTERGOVERNMENTAL AGREEMENT (IGA) Amendment		ARIZONA DEPARTMENT OF HEALTH SERVICES 150 18 th Ave Suite 530 Phoenix, Arizona 85007
	Contract No.: CTR062571	IGA Amendment No.: Two (2)	Procurement Officer Kailee Gray

Exhibit E

Bridge Access Program

Exhibit E - 2 CFR 200.332

"§ 200.332

Requirements for pass-through entities.

All pass-through entities must:

(a) Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the following information at the time of the subaward and if any of these data elements change, include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the Federal award and subaward.

Prime Awardee:	Arizona Department of Health Services
UEI #	<u>QMWUG1AMYF65</u>
Federal Award Identification (Grant Number):	<u>6 NH23IP922599-05-01</u>
Subrecipient name (which must match the name associated with its unique entity identifier):	<u>Pima County</u>
Subrecipient's unique entity identifier (UEI #):	<u>U8XUY58VDQS3</u>
Federal Award Identification Number (FAIN, sometimes it's the same as the Grant Number):	<u>NH23IP922599</u>
Federal Award Date (see the definition of Federal award date in § 200.1 of this part) of award to the recipient by the Federal agency;	<u>08/01/2023</u>
Subaward Period of Performance Start and End Date;	<u>07/01/2019 – 06/30/2025</u>
Subaward Budget Period Start and End Date:	<u>08/29/2023 – 06/30/2025</u>
Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient (this is normally the contract amount):	<u>\$578,734.00</u>



**INTERGOVERNMENTAL AGREEMENT (IGA)
Amendment**

**ARIZONA DEPARTMENT OF
HEALTH SERVICES**
150 18th Ave Suite 530
Phoenix, Arizona 85007

Contract No.:
CTR062571

IGA Amendment No.: Two (2)

Procurement Officer
Kailee Gray

Total Amount of Federal Funds Obligated to the subrecipient by the pass-through entity including the current financial obligation (**how much is available for contracts**):

\$8,426,507.00

Total Amount of the Federal Award committed to the subrecipient by the pass-through entity

\$8,426,507.00

Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)

**CDC-RFA-IP19-1901 Immunizations
Vaccines for Children**

Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity

**Centers for Disease Control and
Prevention**

Assistance Listings number and Title; the pass-through entity must identify the dollar amount made available under each Federal award and the Assistance Listings Number at time of disbursement:

**93.268 Immunization Cooperative
Agreement**

Identification of whether the award is R&D

NO

Indirect cost rate for the Federal award (including if the de minimis rate is charged) per § 200.414

10%