



BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / GRANTS

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: May 6, 2025

* = Mandatory, information must be provided

or Procurement Director Award: ☐

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

Department of Health and Human Services, Centers for Disease Control and Prevention (CDC)

***Project Title/Description:**

Pima County – SPRING Initiative for an Equitable and Healthy Community

***Purpose:**

Strengthen the Pima County Health Department's workforce and foundational capacity to ensure a well-equipped, prepared, and supported workforce who are able to deliver effective, equity-focused programs, policies and practices through strong community and educational partnerships. This investment in building the department's foundational capabilities will strengthen workforce planning, core systems including data and informatics, performance management and continuous improvement and services as required for accreditation.

Grant funding is divided into A1 and A2 strategies. Strategy A1 focuses on improving the workforce of the Pima County Health Department (PCHD), specifically in the recruitment, retention, support, and training of the public health workforce. Strategy A2 focuses on strengthening the foundational capabilities of PCHD, specifically in strengthening systems, processes, and policies. The original grant provided all of the A1 funding for five years and A2 funding for the first year. Amendment #1 added A2 funding for the second year. Amendment #2 adds A2 funding for Year 3 in the amount of \$1,076,426. Amendment #2 also allows for carryover of unobligated balances from one budget period to the next. Please note: 5 NE110E000098-03-00, 5 NE110E000098-03-01 and 5 NE110E000098-03-02 are the same amendment agreement award. This amendment 1) has been approved for a 15% de minimis rate (effective 12/1/2024), 2) Changes Key Personnel, and 3) HHS/CDC corrected the budget and project period dates to read 12/1/2024 to 11/30/2025.

***Procurement Method:**

This grant contract is a non-Procurement contract and not subject to Procurement rules.

***Program Goals/Predicted Outcomes:**

The grant is divided into A1 and A2 classifications. Strategy A1 focuses on improving the workforce of the Pima County Health Department (PCHD), specifically in the recruitment, retention, support, and training of the public health workforce. Strategy A2 focuses on strengthening the foundational capabilities of PCHD, specifically in strengthening systems, processes, and policies.

***Public Benefit:**

Greater investment in PCHD's workforce, data systems and core infrastructure will lead to improved health outcomes in historically underserved communities, and advance health equity within the County.

***Metrics Available to Measure Performance:**

Anticipated outcomes for the Foundational Capabilities component, also known as Strategy A2, will include:

- Improve workforce planning through an analysis of current staffing, training and policies
- Build system capacity to ensure integration of equity-focused and community engagement efforts across the department
- Strengthen data and health IT systems capacity to make data more accessible, equity-focused, actionable, and interoperable
- Amplify performance management and continuous improvement to support the department's accreditation status
- Enhance internal capacity for monitoring and evaluating performance

***Retroactive:**

Yes. The Health Department created a Budget Narrative for strategy A2, budget period 3, which was approved for \$1,076,419. The Notice of Award was received early in February 2025 but was not processed right away due to a change in procedure. If not accepted, the Health Department will have fewer funds to implement this project.

Gallagher
KB Wall for RK Kelly
4/16/2025

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): 66118
Commencement Date: 12/01/2024 Termination Date: 11/30/2025 Amendment Number: 02
☐ Match Amount: \$ _____ ☒ Revenue Amount: \$ 1,076,426.00

***All Funding Source(s) required:** Dept. of Health and Human Services, CDC

***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)?**
Directly from the federal government.

Contact: Sharon Grant

Department: Health

Telephone: 724-7842

Department Director Signature: _____

Theresa Cullen

Digitally signed by Theresa Cullen
DN: cn=Theresa Cullen, ou=Pima County, ou=Health
Department, email=theresa.cullen@pima.gov, c=US
Date: 2025.04.17 13:11:49 -0700

Date: 04/17/2025

Deputy County Administrator Signature: _____

Date: 4-21-2025

County Administrator Signature: _____

Date: 4-21-2025



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NE11OE000098-03-02

FAIN# NE11OE000098

Federal Award Date: 03/21/2025

Recipient Information

1. Recipient Name

PIMA COUNTY
3950 S Country Club Rd STE 100
Tucson, AZ 85714-2226
[NO DATA]

2. Congressional District of Recipient
03

3. Payment System Identifier (ID)
1866000543A2

4. Employer Identification Number (EIN)
866000543

5. Data Universal Numbering System (DUNS)
144733792

6. Recipient's Unique Entity Identifier (UEI)
U8XUY58VDQS3

7. Project Director or Principal Investigator

Dr. Theresa Cullen
Theresa.Cullen@pima.gov
520-724-7765

8. Authorized Official

Ms. Pamela Bottolfson
Pamela.bottolfson@pima.gov
520-724-7711

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Ms. Kimberly Champion
Grants Management Specialist
qrif9@cdc.gov
(404) 498-4229

10. Program Official Contact Information

TQuondra Harris
Program Officer
uha2@cdc.gov
111-1111-1111

Federal Award Information

11. Award Number

6 NE11OE000098-03-02

12. Unique Federal Award Identification Number (FAIN)

NE11OE000098

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

Pima County - SPRING Initiative for an Equitable and Healthy Community

15. Assistance Listing Number

93.967

16. Assistance Listing Program Title

CDC's Collaboration with Academia to Strengthen Public Health

17. Award Action Type

Administrative Action

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	12/01/2024	- End Date	11/30/2025
20. Total Amount of Federal Funds Obligated by this Action	\$0.00		
20a. Direct Cost Amount	\$0.00		
20b. Indirect Cost Amount	\$0.00		
21. Authorized Carryover	\$0.00		
22. Offset	\$0.00		
23. Total Amount of Federal Funds Obligated this budget period	\$1,076,426.00		
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00		
25. Total Federal and Non-Federal Approved this Budget Period	\$1,076,426.00		
26. Period of Performance Start Date	12/01/2022	- End Date	11/30/2027
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	\$14,077,233.00		

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Erica Stewart
Team Lead, Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NE11OE000098-03-02

FAIN# NE11OE000098

Federal Award Date: 03/21/2025

Recipient Information

Recipient Name

PIMA COUNTY

3950 S Country Club Rd STE 100

Tucson, AZ 85714-2226

[NO DATA]

Congressional District of Recipient

03

Payment Account Number and Type

1866000543A2

Employer Identification Number (EIN) Data

866000543

Universal Numbering System (DUNS)

144733792

Recipient's Unique Entity Identifier (UEI)

U8XUY58VDQS3

31. Assistance Type

Project Grant

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$466,527.00
b. Fringe Benefits	\$163,284.00
c. Total Personnel Costs	\$629,811.00
d. Equipment	\$0.00
e. Supplies	\$1,800.00
f. Travel	\$1,910.00
g. Construction	\$0.00
h. Other	\$122,502.00
i. Contractual	\$180,000.00
j. TOTAL DIRECT COSTS	\$936,023.00
k. INDIRECT COSTS	\$140,403.00
l. TOTAL APPROVED BUDGET	\$1,076,426.00
m. Federal Share	\$1,076,426.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-9390JXA	23NE11OE000098A2	OE	410U	93.967	\$0.00	75-2224-0943
3-9390LIZ	23NE11OE000098A1C6	OE	410U	93.967	\$0.00	75-X-0140
4-9390LFF	23NE11OE000098A2	OE	410U	93.967	\$0.00	75-2324-0943
5-9390MR5	23NE11OE000098A2	OE	410U	93.967	\$0.00	75-2425-0943

REVIEWED BY:

Theresa
Cullen

Digitally signed by Theresa Cullen
DN: cn=Theresa Cullen, o=Pima County,
ou=Health Department,
email=Theresa.cullen@pima.gov, c=US
Date: 2025.04.17 07:43:36 -0700

Appointing Authority or Designee
Pima County Health Department



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NE11OE000098-03-02

FAIN# NE11OE000098

Federal Award Date: 03/21/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

PIMA COUNTY

6 NE11OE000098-03-02

1. Terms & Conditions

REVISED AWARD INFORMATION

Administrative Correction: The Purpose of this amendment is to correct the budget period and project period dates for budget period 3 on the Notice of Award dated March 14, 2025. No action required by the recipient.

Stewardship: The recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to your cooperative agreement are allowable, allocable, and reasonable and that they address the highest priority needs as they relate to this program.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

PLEASE REFERENCE YOUR AWARD NUMBER ON ALL CORRESPONDENCE.

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number OE22-2203, entitled Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems, and application dated August 7, 2024, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NOA).

Total Approved Funding is included in Summary Federal Award Financial Information on page 1 of the NOA. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

NOFO Component	Amount
Strategy A2	\$1,076,426

Financial Assistance Mechanism: Grant

Technical Review: Within 5 days of this Notice of Award's (NOA) issue date, the Technical Review will be accessible to the recipient in GrantSolutions Grant Notes. Contact the assigned Program Officer indicated in the NOA with any questions regarding this document or any follow up requirements and timelines set forth therein.

Key Personnel: In accordance with 45 CFR Part 75.308, CDC recipients must obtain prior approval from CDC for (1) change in the project director/principal investigator, authorized organizational representative, business official or financial director, or other key persons specified in the NOFO, application or award document; and (2) the disengagement from the project for more than three months, or a 25 percent reduction in time devoted to the project, by the approved project director or principal investigator.

Expanded Authority: The recipient is permitted the following expanded authority in the administration of the award.

- ☒ Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of carried over unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient's authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

Program Income: Any program income generated under this grant or cooperative agreement

will be used in accordance with the Addition alternative.

Addition alternative: Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

FUNDING RESTRICTIONS AND LIMITATIONS

Because recipients receive substantial assistance from CDC through other programs, recipients of this funding are required to coordinate with and leverage, but not duplicate, the related activities and other funding opportunities.

Indirect Costs: The recipient's indirect costs are approved and based on a de minimis rate of fifteen (15) percent of modified total direct costs (MTDC) as defined in 45 CFR Part 75.2, effective July 31, 2024

REPORTING REQUIREMENTS

Performance Progress and Monitoring: Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under **OMB Number 0920-1132, "Performance Progress and Monitoring Report"** The components of the PPMR are available for download at: <https://www.cdc.gov/grants/already-have-grant/Reporting.html>.

PAYMENT INFORMATION

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified beginning on the bottom of Page 2 of the Notice of Award must be known in order to draw down funds.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NE11OE000098-03-01

FAIN# NE11OE000098

Federal Award Date: 01/16/2025

Recipient Information

1. Recipient Name

PIMA COUNTY
3950 S Country Club Rd STE 100
Tucson, AZ 85714-2226
[NO DATA]

2. Congressional District of Recipient
03

3. Payment System Identifier (ID)

1866000543A2

4. Employer Identification Number (EIN)

866000543

5. Data Universal Numbering System (DUNS)

144733792

6. Recipient's Unique Entity Identifier (UEI)

U8XUY58VDQS3

7. Project Director or Principal Investigator

Dr. Theresa Cullen
Theresa.Cullen@pima.gov
520-724-7765

8. Authorized Official

Ms. Pamela Bottolfson
Pamela.bottolfson@pima.gov
520-724-7711

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Ms. Kimberly Champion
Grants Management Specialist
qrf9@cdc.gov
(404) 498-4229

10. Program Official Contact Information

Harris Harris
Program Officer
uha2@cdc.gov
111-111-1111

Federal Award Information

11. Award Number

6 NE11OE000098-03-01

12. Unique Federal Award Identification Number (FAIN)

NE11OE000098

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

Pima County - SPRING Initiative for an Equitable and Healthy Community

15. Assistance Listing Number

93.967

16. Assistance Listing Program Title

CDC's Collaboration with Academia to Strengthen Public Health

17. Award Action Type

Change in Key Personnel

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 01/01/2025 - End Date 12/31/2025

20. Total Amount of Federal Funds Obligated by this Action

\$0.00

20a. Direct Cost Amount

\$0.00

20b. Indirect Cost Amount

\$0.00

21. Authorized Carryover

\$0.00

22. Offset

\$0.00

23. Total Amount of Federal Funds Obligated this budget period

\$1,076,426.00

24. Total Approved Cost Sharing or Matching, where applicable

\$0.00

25. Total Federal and Non-Federal Approved this Budget Period

\$1,076,426.00

26. Period of Performance Start Date 12/01/2022 - End Date 11/30/2027

27. Total Amount of the Federal Award including Approved
Cost Sharing or Matching this Period of Performance

\$14,077,233.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Erica Stewart
Team Lead, Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NE11OE000098-03-01

FAIN# NE11OE000098

Federal Award Date: 01/16/2025

Recipient Information**Recipient Name**

PIMA COUNTY
3950 S Country Club Rd STE 100
Tucson, AZ 85714-2226
[NO DATA]

Congressional District of Recipient

03

Payment Account Number and Type

1866000543A2

Employer Identification Number (EIN) Data

866000543

Universal Numbering System (DUNS)

144733792

Recipient's Unique Entity Identifier (UEI)

U8XUY58VDQS3

31. Assistance Type

Project Grant

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only**II. Total project costs including grant funds and all other financial participation**

a. Salaries and Wages	\$466,527.00
b. Fringe Benefits	\$163,284.00
c. Total Personnel Costs	\$629,811.00
d. Equipment	\$0.00
e. Supplies	\$1,800.00
f. Travel	\$1,910.00
g. Construction	\$0.00
h. Other	\$122,502.00
i. Contractual	\$180,000.00

j. TOTAL DIRECT COSTS	\$936,023.00
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k. INDIRECT COSTS	\$140,403.00
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l. TOTAL APPROVED BUDGET	\$1,076,426.00
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m. Federal Share	\$1,076,426.00
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n. Non-Federal Share	\$0.00
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34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-9390JXA	23NE11OE000098A2	OE	410U	93.967	\$0.00	75-2224-0943
3-9390LIZ	23NE11OE000098A1C6	OE	410U	93.967	\$0.00	75-X-0140
4-9390LFF	23NE11OE000098A2	OE	410U	93.967	\$0.00	75-2324-0943
5-9390MRS	23NE11OE000098A2	OE	410U	93.967	\$0.00	75-2425-0943



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NE11OE000098-03-01

FAIN# NE11OE000098

Federal Award Date: 01/16/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

PIMA COUNTY

6 NE11OE000098-03-01

1. Terms & Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

Key Personnel: The purpose of this amendment is to approve the Authorizing Official Representative change to Pamela Bottolfson. This is in response to the request submitted by your organization dated January 7, 2025.

Stewardship: Please be advised that recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, and reasonable.

All other terms and conditions issued with this award remain in effect, unless otherwise changed, in writing, by the Grants Management Officer.

PLEASE REFERENCE YOUR AWARD NUMBER ON ALL CORRESPONDENCE.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 5 NE11OE000098-03-00

FAIN# NE11OE000098

Federal Award Date: 11/18/2024

Recipient Information

1. Recipient Name

PIMA COUNTY
3950 S Country Club Rd STE 100
Tucson, AZ 85714-2226
[NO DATA]

2. Congressional District of Recipient

03

3. Payment System Identifier (ID)

1866000543A2

4. Employer Identification Number (EIN)

866000543

5. Data Universal Numbering System (DUNS)

144733792

6. Recipient's Unique Entity Identifier (UEI)

U8XUY58VDQS3

7. Project Director or Principal Investigator

Dr. Theresa Cullen
Theresa.Cullen@pima.gov
520-724-7765

8. Authorized Official

Dr. Shanika R Noel
Deputy Director
shanika.serial2@pima.gov
520.724.2336

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Ms. Kimberly Champion
Grants Management Specialist
qrf9@cdc.gov
(404) 498-4229

10. Program Official Contact Information

T'Quondra Harris
Program Officer
uha2@cdc.gov
111-111-1111

Federal Award Information

11. Award Number

5 NE11OE000098-03-00

12. Unique Federal Award Identification Number (FAIN)

NE11OE000098

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

Pima County - SPRING Initiative for an Equitable and Healthy Community

15. Assistance Listing Number

93.967

16. Assistance Listing Program Title

CDC's Collaboration with Academia to Strengthen Public Health

17. Award Action Type

Non-Competing Continuation

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 01/01/2025 - End Date 12/31/2025

20. Total Amount of Federal Funds Obligated by this Action \$1,076,426.00

20a. Direct Cost Amount \$936,023.00

20b. Indirect Cost Amount \$140,403.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$0.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$1,076,426.00

26. Period of Performance Start Date 12/01/2022 - End Date 11/30/2027

27. Total Amount of the Federal Award including Approved
Cost Sharing or Matching this Period of Performance \$14,077,233.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Erica Stewart
Team Lead, Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 5 NE11OE000098-03-00

FAIN# NE11OE000098

Federal Award Date: 11/18/2024

Recipient Information	33. Approved Budget (Excludes Direct Assistance)
Recipient Name PIMA COUNTY 3950 S Country Club Rd STE 100 Tucson, AZ 85714-2226 [NO DATA]	I. Financial Assistance from the Federal Awarding Agency Only
Congressional District of Recipient 03	II. Total project costs including grant funds and all other financial participation
Payment Account Number and Type 1866000543A2	a. Salaries and Wages \$466,527.00
Employer Identification Number (EIN) Data 866000543	b. Fringe Benefits \$163,284.00
Universal Numbering System (DUNS) 144733792	c. Total Personnel Costs \$629,811.00
Recipient's Unique Entity Identifier (UEI) U8XUY58VDQS3	d. Equipment \$0.00
31. Assistance Type Project Grant	e. Supplies \$1,800.00
32. Type of Award Other	f. Travel \$1,910.00
	g. Construction \$0.00
	h. Other \$122,502.00
	i. Contractual \$180,000.00
	j. TOTAL DIRECT COSTS \$936,023.00
	k. INDIRECT COSTS \$140,403.00
	l. TOTAL APPROVED BUDGET \$1,076,426.00
	m. Federal Share \$1,076,426.00
	n. Non-Federal Share \$0.00

34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-9390JXA	23NE11OE000098A2	OE	410U	93.967	\$0.00	75-2224-0943
3-9390LIZ	23NE11OE000098A1C6	OE	410U	93.967	\$0.00	75-X-0140
4-9390LFF	23NE11OE000098A2	OE	410U	93.967	\$0.00	75-2324-0943
5-9390MR5	23NE11OE000098A2	OE	410U	93.967	\$1,076,426.00	75-2425-0943



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 5 NE11OE000098-03-00
FAIN# NE11OE000098
Federal Award Date: 11/18/2024

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0 . 00	\$0 . 00	\$0 . 00
Fringe Benefits	\$0 . 00	\$0 . 00	\$0 . 00
Travel	\$0 . 00	\$0 . 00	\$0 . 00
Equipment	\$0 . 00	\$0 . 00	\$0 . 00
Supplies	\$0 . 00	\$0 . 00	\$0 . 00
Contractual	\$0 . 00	\$0 . 00	\$0 . 00
Construction	\$0 . 00	\$0 . 00	\$0 . 00
Other	\$0 . 00	\$0 . 00	\$0 . 00
Total	\$0 . 00	\$0 . 00	\$0 . 00

AWARD ATTACHMENTS

PIMA COUNTY

5 NE11OE000098-03-00

1. Terms and Conditions

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number OE22-2203, entitled Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems, and application dated August 7, 2024, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NOA).

Total Approved Funding is included in Summary Federal Award Financial Information on page 1 of the NOA. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

NOFO Component	Amount
Strategy A2	\$1,076,426

Financial Assistance Mechanism: Grant

Technical Review: Within 5 days of this Notice of Award's (NOA) issue date, the Technical Review will be accessible to the recipient in GrantSolutions Grant Notes. Contact the assigned Program Officer indicated in the NOA with any questions regarding this document or any follow up requirements and timelines set forth therein.

Key Personnel: In accordance with 45 CFR Part 75.308, CDC recipients must obtain prior approval from CDC for (1) change in the project director/principal investigator, authorized organizational representative, business official or financial director, or other key persons specified in the NOFO, application or award document; and (2) the disengagement from the project for more than three months, or a 25 percent reduction in time devoted to the project, by the approved project director or principal investigator.

Expanded Authority: The recipient is permitted the following expanded authority in the administration of the award.

- ☒ Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of carried over unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient's authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

Program Income: Any program income generated under this grant or cooperative agreement

will be used in accordance with the Addition alternative.

Addition alternative: Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

FUNDING RESTRICTIONS AND LIMITATIONS

Because recipients receive substantial assistance from CDC through other programs, recipients of this funding are required to coordinate with and leverage, but not duplicate, the related activities and other funding opportunities.

Indirect Costs: The recipient's indirect costs are approved and based on a de minimis rate of fifteen (15) percent of modified total direct costs (MTDC) as defined in 45 CFR Part 75.2, effective July 31, 2024

REPORTING REQUIREMENTS

Performance Progress and Monitoring: Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under **OMB Number 0920-1132, "Performance Progress and Monitoring Report"** The components of the PPMR are available for download at: <https://www.cdc.gov/grants/already-have-grant/Reporting.html>.

PAYMENT INFORMATION

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified beginning on the bottom of Page 2 of the Notice of Award must be known in order to draw down funds.