



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

Requested Board Meeting Date: March 15, 2016

or Procurement Director Award ☐

Contractor/Vendor Name (DBA): Arizona Department of Health Services

Project Title/Description:

Commodity Supplemental Food Program (CSFP) / Senior Farmer's Market Nutrition Program (SFMNP) Services

Purpose:

The Commodity Supplemental Food Program (CSFP) is a federally funded food distribution program that provides a once a month food package to low-income seniors 60 years of age or older. The program is designed to improve health with nutritious food commodities from the United States Department of Agriculture (USDA).

This Amendment provides \$2,724 in additional funding to increase the budgeted amount for Employee Related Expenses (benefits).

Procurement Method:

N/A

Program Goals/Predicted Outcomes:

The goal of this effort is to improve the health of and reduce malnutrition in our community seniors by: 1) providing nutritious food to supplement the diet of low-income seniors; 2) providing nutrition education; and 3) educating general community members regarding healthy foods.

Public Benefit:

During the previous fiscal year the CSFP program served an average of 4,354 Pima County clients per month. The funding made available through Amendment #2 of this IGA will provide the necessary resources to slightly increase the number of low-income seniors served during Federal Fiscal Year 2016.

Metrics Available to Measure Performance:

ADHS measures how many clients pick up their monthly Food Plus box for CSFP and how many vouchers are redeemed for SFMNP.

Retroactive:

No.

Original Information

Document Type: _____ Department Code: _____ Contract Number (i.e.,15-123): _____

Effective Date: _____ Termination Date: _____ Prior Contract Number (Synergen/CMS): _____

☐ Expense Amount: \$ _____ ☐ Revenue Amount: \$ _____

Funding Source(s): _____

Cost to Pima County General Fund: _____

Contract is fully or partially funded with Federal Funds? ☐ Yes ☐ No ☐ Not Applicable to Grant AwardsWere insurance or indemnity clauses modified? ☐ Yes ☐ No ☐ Not Applicable to Grant AwardsVendor is using a Social Security Number? ☐ Yes ☐ No ☐ Not Applicable to Grant Awards

If Yes, attach the required form per Administrative Procedure 22-73.

Amendment InformationDocument Type: GTAM Department Code: HD Contract Number (i.e.,15-123): 16*53Amendment No.: Two AMS Version No.: 1Effective Date: Upon execution New Termination Date: 9/30/2016 (no change)☐ Expense ☒ Revenue ☒ Increase ☐ Decrease Amount This Amendment: \$2,724.00Funding Source(s): United States Department of Agriculture (via ADHS)Cost to Pima County General Fund: \$0.00Contact: Sharon GrantDepartment: Health Telephone: 724-7842Department Director Signature/Date: [Signature] 17 Feb 16Deputy County Administrator Signature/Date: [Signature] 2/19/16County Administrator Signature/Date: [Signature] 2/19/16
(Required for Board Agenda/Addendum Items)

**INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT**

**ARIZONA DEPARTMENT OF
HEALTH SERVICES**
1740 West Adams, Room 303
Phoenix, Arizona 85007
(602) 542-1040 MAIN
(602) 542-1741 FAX

CONTRACT No.: ADHS16-104449**AMENDMENT No.: 2**

PROCUREMENT OFFICER
Jacqueline S. Ortega-Avila

CSFP AND SFMNP SERVICES

Effective upon signature, it is mutually agreed that the Contract referenced is amended as follows:

1. Pursuant to the Special Terms and Conditions, Provision Twenty (20), **THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA OR TRANSPARENCY ACT - P.L.109-282, AS AMENDED BY SECTION 6202(A) OF P.L. 110-252)**, FOUND AT <https://www.fsrcs.gov/> is hereby added to read as follows:

- 1.1. If applicable**, the Contractor shall submit to ADHS via email the Grant Reporting Certification Form. This form can be downloaded from the ADHS Procurement website at <http://azdhs.gov/procurement/ffata.htm>, and returned to the ADHS by the 15th of the month following that in which the award was received. The completed form shall be completed electronically, and sent to the following email address: ADHS_Grant@azdhs.gov. All required fields must be filled, including Top Employee Compensation, if applicable. Completing the Grant Reporting Certification Form is required for compliance with the Office of Management and Budget (OMB), found at <http://www.whitehouse.gov/omb/open>, and could result in the loss of funds if not completed timely. This requirement applies to all subcontractors utilized by the Contractor during the term of the Award."

ALL OTHER PROVISIONS OF THIS AGREEMENT REMAIN UNCHANGED.

CONTRACTOR SIGNATURE**PIMA COUNTY HEALTH DEPARTMENT****Contractor Name****3950 SOUTH COUNTRY CLUB ROAD****Address****TUCSON****ARIZONA****85714****City****State****Zip****Contractor Authorized Signature****Printed Name****Title****CONTRACTOR ATTORNEY SIGNATURE**

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 the State of Arizona.

2/12/16**Signature****Date****JONATHAN PINKNEY-BAIRD****Printed Name**

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.

State of Arizona**Signed this _____ day of _____ 20__****Procurement Officer**

Attorney General Contract No. P0012014000078, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney General, 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
Assistant Attorney General

Date**Printed Name:****RESERVED FOR USE BY THE SECRETARY OF STATE**

**Under House Bill 2011, A.R.S. § 11-952
was amended to remove the requirement
that Intergovernmental Agreements be filed
with the Secretary of State.**

REVIEWED BY:


Appointing Authority or Designee
Pima County Health Department

	INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT		ARIZONA DEPARTMENT OF HEALTH SERVICES 1740 West Adams, Room 303 Phoenix, Arizona 85007 (602) 542-1040 MAIN (602) 542-1741 FAX
	CONTRACT No.: ADHS16-104449	AMENDMENT No.: 2	PROCUREMENT OFFICER Jacqueline S. Ortega-Avila

2. The **CSFP CERTIFICATION Price Sheet** in Amendment One (1) is hereby amended with the Price Sheet of this Amendment Two (2). The total budget amount is **\$119,856.00** with the following changes:

- 2.1. Personnel Costs Salary **will remain the same dollar amount of \$78,198.80.**
- 2.2. Employee Related Expenses **increased by \$2,724.00** due to under budgeting.
- 2.3. Professional and Outside Services **will remain the same dollar amount of \$200.00.**
- 2.4. Travel Expenses **will remain the same dollar amount of \$1,800.00.**
- 2.5. Occupancy Expenses **will remain the same dollar amount of \$5,000.00.**
- 2.6. Other Operating Expenses **will remain the same dollar amount of \$2,103.00.**
- 2.7. Capital Outlay Expenses **will remain the same dollar amount of a \$1.00.**
- 2.8. Indirect Expenses **will remain the same dollar amount of a \$1.00.**

3. In ProcureAZ the Contract pricing "Items" tab will be updated upon execution of this Amendment Two (2).

	INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT		ARIZONA DEPARTMENT OF HEALTH SERVICES 1740 West Adams, Room 303 Phoenix, Arizona 85007 (602) 542-1040 MAIN (602) 542-1741 FAX
	CONTRACT No.: ADHS16-104449	AMENDMENT No.: 2	PROCUREMENT OFFICER Jacqueline S. Ortega-Avila

CSFP AND SFMNP SERVICES

REVISED PRICE SHEET

OCTOBER 1, 2015 TO SEPTEMBER 30, 2016

COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)		
	LINE ITEM BUDGET	AMOUNT
2.1	PERSONNEL SERVICES	\$78,198.80
2.2	EMPLOYEE RELATED EXPENSES	\$32,552.00
2.3	PROFESSIONAL & OUTSIDE SERVICES	\$200.00
2.4	TRAVEL EXPENSES	\$1,800.00
2.5	OCCUPANCY EXPENSES	\$5,000.00
2.6	OTHER OPERATING EXPENSES	\$2,103.20
2.7	CAPITAL OUTLAY EXPENSES	\$1.00
2.8	INDIRECT (IF AUTHORIZED)	\$1.00
	TOTAL	\$119,856.00

MARCH 1, 2016 TO SEPTEMBER 30, 2016

SENIOR FARMER'S MARKET NUTRITION PROGRAM (SFMNP)			
TYPE OF SERVICE	UNIT RATE	UNIT OF MEASURE	ESTIMATED NUMBER OF PARTICIPANTS
WIC FMNP CHECK ISSUANCE	\$1.25	WIC Participant	AS NEEDED

LINE ITEM BUDGET TRANSFERS

Upon receipt of written authorization from the ADHS Program Manager, the Contractor is authorized to transfer up to a maximum of ten percent (10%) of the Total Budgeted Amount between line items. Transfers of funds are only allowed between funded line items. Transfers exceeding ten percent (10%) or to a non-funded line item shall require a Contract Amendment.