

COB - BOSAIR FORM

11/10/2025 4:45 PM (MST)

Submitted by Angelica.Aros@pima.gov



BOARD OF SUPERVISORS AGENDA ITEM REPORT (BOSAIR)

All fields are required. Enter N/A if not applicable. For number fields, enter 0 if not applicable.

Record Number:

Amplifund Grant Record Number: 70324

Award Type: Grant

Is a Board Meeting Date Requested? Yes

Requested Board Meeting Date: 12/16/2025

Signature Only:

NO

Procurement Director Award / Delegated Award: • N/A

Supplier / Customer / Grantor / Subrecipient: The Arizona Department of Health Services (ADHS)

Project Title / Description: Home Visiting Services for The Maternal, Infant and Early Childhood Home Visiting (MIECHV)

Purpose: This grant funded program aims to deliver an evidence-based public health home visitation program that teaches pregnant and parenting families how to parent effectively despite the difficulties and challenges they face. The program also helps families develop the skills to adapt and self-manage throughout their parenting journey.

This amendment is to add funding for grant year four (2025-2026) in the amount of \$392,462.

Procurement Method: Grant: Not applicable

Procurement Method Additional Info: N/A

Program Goals/Predicted Outcomes: The MIECHV goals include: Improve transition to parenting by supporting mothers through pregnancy; improve maternal health and wellbeing by helping mothers to care for themselves; improve child health and development by helping parents to interact with their children in developmentally supportive ways; develop and promote parent's aspirations for themselves and their children; and improve families and social relationships and networks by helping parents to foster relationships within the family and with other families and services.

Public Benefit and Impact:	The MIECHV program has over 10 years of research that shows how it improves maternal-child health. The MIECHV program has a wide eligibility range, so more families are eligible to receive services.
Budget Pillar	<ul style="list-style-type: none"> • Improve the quality of life
Support of Prosperity Initiative:	<ul style="list-style-type: none"> • 2. Improve Quality of Life and Opportunity in High Poverty Areas
Provide information that explains how this activity supports the selected Prosperity Initiatives	MIECHV focuses on increasing access to healthcare and resources for eligible low-income first-time mothers and their children within high-risk communities to improve their health, well-being, and economic self-sufficiency.
Metrics Available to Measure Performance:	<ol style="list-style-type: none"> 1. Increased number of pregnancies carried to full-term at 40 weeks. 2. Increased number of parents breastfeeding. 3. Number of children with Ages & Stages Developmental Screenings, and Ages & Stages Social Emotional Screenings completed at appropriate ages. 4. Number of families that graduate from the program. 5. Number of referrals to identified community services.
Retroactive:	YES
Retroactive Description:	Yes. The revised budget takes effect on October 1, 2025 but the purchase order for issuance of the new grant year funding was not received until November 10, 2025. If not accepted, the grant would have to end as we cannot use the previous budget.

Grant / Amendment Information (for grants acceptance and awards)

Record Number:

Amplifund Grant Record Number: 70324

Type: Amendment

Department Code: HD

AmpliFund Grant Record Number: 70324

Amendment Number: 03

Commencement Date: 10/01/2025

Termination Date: 09/30/2026

Advantage Initial GTAW# (If Applicable): NA

Total Revenue Amount:

\$392,462.02

Total Match Amount

\$0.00

Advantage Grant ID # (If Applicable): N/A

All Funding Source(s) required: U.S. Health Resources and Services Administration (HRSA)

Does PCAO need to review the grant award (or grant amendment)?

NO

Does PCAO need to sign the grant award (or grant amendment)?

NO

Match funding from General Fund?

NO

Match funding from other sources?

NO

Are Federal Funds Involved?

YES

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

U.S. Health Resources and Services Administration (HRSA) passed through the Arizona Department of Health Services (ADHS)

CFDA# 93.870

FAIN# X 1053598

Department: HD

Name: Angelica Aros

Telephone: (520) 724-7495

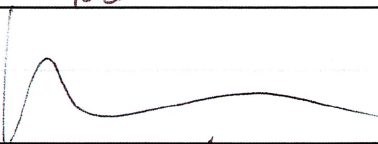
GMI Director: _____



Date: _____

11/26/2025

Department Director Signature: _____



Date: _____

11-13-2025

Deputy County Administrator Signature: _____



Date: _____

11-25-2025

County Administrator Signature: _____



Date: _____

11/29/2025



150 N. 18th Avenue,
Phoenix, AZ 85007

BILL TO: (send invoices to
invoices@azdhs.gov)

SHIP TO
Arizona Department of Health Services
Accounts Payable
150 N 18th Ave, Suite 530
Phoenix, AZ 85007

Manual Purchase Order

Type: Service(s) **MPO #:** MPO20260203
Is this a change order?: N **Current Encumbrance:** **Original MPO #:**
Is this to close the MPO?: N

Request Basic Information:

Requestor Email: peggy.peixoto@azdhs.gov
Location Scope (Site) ADHS PREV BWCH S Childrens Health
Bureau WCHCH
Contract No. RFGA2022-003-008
Supplier Name Pima County Health Department
Supplier ID IV0000003779
Supplier Email Josh.Cohn@pima.gov
Supplier Address 3950 S Country Club Rd. Ste. 100 Tucson, AZ 85714
Date 9/18/2025
Effective Date 10/1/2025
Termination Date 9/30/2026

Line Items:

Line	Quantity	Description	Unit Price (#)	Extended Price (\$)
1		Home Visiting Services per attached price sheet	\$392,462.02	\$392,462.02

Totals (\$)

Sub Total \$392,462.02
Tax \$0.00
Freight \$0.00
Total \$392,462.02

Encumbrance Distribution:

PPC or BFY	Function	Dept. Object	Unit	Funding Amount	CFDA#
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2609	FEDCFH1770	6811-Aid to Counties	4340	\$392,462.02	93.870
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Encumbrance Total (\$) \$392,462.02

GAE # 260000001542

CFDA Information (if applicable): Contractor shall comply with requirements of OMB Circular. For grant restrictions, refer to https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl

Federal Funding Accountability and Transparency Act

If applicable, the Contractor/Grantee shall submit to ADHS via email the Grant Reporting Certification Form. This form and the instructions and the instructions can be downloaded below and must be returned to the ADHS by the 15th of the month following that in which the award was received. The form shall be completed electronically, and submitted using the steps outlined in the Grant Reporting Certification Form Instructions and emailed to us. 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). Failure to timely submit the Grant Reporting Certification Form could result in the loss of funds. This requirement applies to all subcontractors/sub-awardees utilized by the Contractor/Grantee for amounts exceeding \$30,000.00 during the term of the Award.