



**BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS**

Award Contract Grant

Requested Board Meeting Date: March 7, 2023

* = 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 Initiative to Address COVID-19 Health Disparities.

***Purpose:**

Funding from this grant aims to expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related health disparities among populations at higher risk and those who are underserved.

Amendment #1 provides a one year no-cost extension.

***Procurement Method:**

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

***Program Goals/Predicted Outcomes:**

Activities to be funded include: continuation of expanded testing and contact tracing strategies, including at-home and mobile testing; improved data collection and reporting for at risk populations; building, leveraging and expanding infrastructure support for COVID-19 prevention and control among target populations; implement evidence-based policies, systems, and environmental strategies to address COVID-19; create a sustainable community public health worker workforce; improve communications about vaccines; increase community engagement; and create a health equity program tasked with building resilient communities.

***Public Benefit:**

COVID-19 has disproportionately affected populations who are medically underserved, including racial and ethnic minority groups and people living in rural communities. These individuals experience disproportionate rates of chronic diseases that increase the severity of COVID-19 infection, putting them at higher risk of hospitalization and mortality and are likely to experience barriers to accessing testing, treatment, or vaccination. COVID-19 continues to disproportionately impact this population and utilization of already available funding through this no cost extension will allow the Department to continue efforts to ensure equal access to testing, contact tracing, vaccines, and other activities to further reduce the disproportionate impact and maintain progress gained under the initial contract.

***Metrics Available to Measure Performance:**

The work plan submitted as part of the PCHD proposal includes many strategies, activities, and outputs to be accomplished and measured with this funding. Metrics include, but are not limited to, the number of test kits distributed, number of new testing site locations, assessment of data collection methods and analysis, creation of dashboards that are accessible and understandable, formation of Community Advisory and Health Equity Committee, and number of Community Health Workers hired, trained and embedded in organizations throughout Pima County.

***Retroactive:**

No.

*GMI Approves
AF 2/22/23*

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 or 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: GTAM Department Code: HD Grant Number (i.e.,15-123): 23-058

Commencement Date: 06/01/2023 Termination Date: 05/31/2024 Amendment Number: 01

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

***All Funding Source(s) required:** Amendment is no-cost. Grant is funded by the Department of Health and Human Services / Centers for Disease Control and Prevention (CDC)

***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)?** Directly from the CDC

Contact: Sharon Grant

Department: Health Telephone: 724-7842

Department Director Signature/Date: [Signature] 2/14/2023

Deputy County Administrator Signature/Date: [Signature] 2/23/2023

County Administrator Signature/Date: [Signature] 2/23/2023

(Required for Board Agenda/Addendum Items)



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. Dorthee Harmon
Division Manager, GMI
dorthee.harmon@prima.gov
520-576-6067

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Rhonda DeBouse
wzn5@cdc.gov
770-488-3198

10. Program Official Contact Information

Mr. Quinney Harris
Program Officer
tfe5@cdc.gov
404-498-0591

Federal Award Information

11. Award Number

6 NH75OT000063-01-01

12. Unique Federal Award Identification Number (FAIN)

NH75OT000063

13. Statutory Authority

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

14. Federal Award Project Title

Pima County Initiative to Address COVID-19 Health Disparities

15. Assistance Listing Number

93.391

16. Assistance Listing Program Title

Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises

17. Award Action Type

No Cost Extension

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	06/01/2021	- End Date	05/31/2024	
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				\$6,510,503.00
24. Total Approved Cost Sharing or Matching, where applicable				\$0.00
25. Total Federal and Non-Federal Approved this Budget Period				\$6,510,503.00
26. Period of Performance Start Date	06/01/2021	- End Date	05/31/2024	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance				\$6,510,503.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Randolph Williams
Grants Management Officer

30. Remarks



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	\$1,875,376.00
b. Fringe Benefits	\$693,889.00
c. Total Personnel Costs	\$2,569,265.00
d. Equipment	\$0.00
e. Supplies	\$91,840.00
f. Travel	\$4,952.00
g. Construction	\$0.00
h. Other	\$347,107.00
i. Contractual	\$3,158,523.00
j. TOTAL DIRECT COSTS	\$6,171,687.00
k. INDIRECT COSTS	\$338,816.00
l. TOTAL APPROVED BUDGET	\$6,510,503.00
m. Federal Share	\$6,510,503.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H06	21NH75OT000063C5	OT	41.51	93.391	\$0.00	75-2122-0140



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH75OT000063-01-01

FAIN# NH75OT000063

Federal Award Date: 02/01/2023

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 NH75OT000063-01-01

1. Terms and Conditions

NOFO: OT 21-2103

ADDITIONAL TERMS AND CONDITIONS OF AWARD

No Cost Extension: The purpose of this amendment is to approve a **12-month** No Cost Extension per the request submitted by your organization dated January 17, 2023. The budget and project period end dates have been extended from **May 31, 2023 to May 31, 2024**.

Annual Federal Financial Report (FFR SF-425): Annual financial reporting is required every twelve-month period. Due to the approved extension period, the final budget period has been extended and an additional annual financial report will be required. A completed FFR SF-425 covering the final budget period of **June 1, 2023 to May 31, 2024** must be submitted by **August 30, 2024**.

Recipients must submit all closeout reports identified in this section within 90 days of the period of performance end date. The reporting timeframe is the full period of performance. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

Final Performance Progress and Evaluation Report (PPER): This report should include the information specified in the NOFO. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

All manuscripts published because of the work supported in part or whole by the cooperative grant must be submitted with the performance progress reports.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted no later than 90 days after the period of performance end date. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Department of Health and Human Services' PMS, you will be required to update your reports to PMS accordingly. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

Electronic versions of the form can be downloaded at:

<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed Tangible Personal Property Report SF-428 and Final Report SF-428B addendum must be submitted, along with any Supplemental Sheet SF-428S detailing all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. Electronic versions of the forms can be downloaded by visiting: <https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

If no equipment was acquired under an award, a negative report is required.

The recipient must identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award. CDC will notify the recipient if transfer to title will be required and provide disposition instruction on all major equipment.

Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government.

Please be advised that the 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 full effect, unless otherwise changed, in writing, by the Grants Management Officer.

**PLEASE REFERENCE THE NOFO AND AWARD NUMBER ON ALL
CORRESPONDENCE**