

**ARIZONA FAMILY HEALTH PARTNERSHIP  
FAMILY PLANNING PROGRAM CONTRACT  
Contract Period: December 31, 2013 - March 31, 2015  
AMENDMENT #2**

This serves as an amendment to the contract between the **Arizona Family Health Partnership** (hereinafter referred to as the "Partnership") and **Pima County**, for and on behalf of **Pima County Health Department** (hereinafter referred to as the "Contractor") for the contract period December 31, 2013 - March 31, 2015.

**I. PURPOSE**

The purpose of this amendment is to extend the 2014 contract period from December 31, 2013 through December 30, 2014 to **December 31, 2013 through March 31, 2015**. This will reflect an unduplicated client count of **1,750** clients for the period of January 1, 2015 to March 31, 2015. The Partnership will provide an additional **\$183,282** in funds in 2015 to provide services to **1,750** unduplicated clients. The original 2014 unduplicated client count will be measured separately from the client count for the contract extension period. Clients will be measured by CDS reports for the period of January 1, 2014 to December 31, 2014 and January 1, 2015 to March 31, 2015.

|  |                         |
|--|-------------------------|
| 2014 Title X Base Amount (7,001 unduplicated clients)  | \$733,129               |
| 2014 One Time LARC Funds of up to  | \$34,163                |
| 2014 One Time HIT Funds of up to   | \$49,150                |
| <u>2014 One Time Clinician Training Funds of up to</u>   | <u>\$1,244</u>          |
| Sub-Total for 2014 (7,001 unduplicated clients in calendar year 2014)                            | \$817,686               |
| <u><b>2015 Title X Base Amount (1,750 unduplicated clients in the first quarter of 2015)</b></u> | <u><b>\$183,282</b></u> |
| <b>Total amount</b>  | <b>\$1,000,968</b>      |

Total funds to be disbursed by the Partnership to the Contractor for the contract period: **\$1,000,968**  
In addition, the Contractor agrees to provide funding for family planning services in an amount not to exceed **\$1,451,952**.

The Partnership and the Contractor therefore agree as follows:

**II. TERM**

Section I, Term, shall be replaced with the following:

- I. **TERM.** The Contract shall begin as of **December 31, 2013** and shall terminate **March 31, 2015** ("Term").

**III. MINIMUM STANDARDS**

Section III, Minimum Standards, shall be replaced with the following:

- III. **MINIMUM STANDARDS.** Contractor shall provide for the following:  
Title X comprehensive family planning services provided to **7,001** unduplicated clients during calendar year 2014 and **1,750** unduplicated clients during the first quarter of 2015.

#### IV. CONSIDERATION

Section X, Consideration, shall be replaced with the following:

- X. **CONSIDERATION.** The Partnership-approved Contractor's total **2014** Contractor Family Planning Program Budget ("Budget") and **first quarter of 2015** Contractor Family Planning Program Budget ("Contract Extension Budget"), which includes all revenues and expenses for Title X-funded site(s) is attached hereto and incorporated as Attachments 3 and 3A.

Subsection 2 of Section X, Consideration, shall be replaced with the following:

- 2) Partnership agrees to disburse monies in the total amount of **\$1,000,968** during the Term ("Compensation"). This amount includes a 2015 First Quarter Title X Base Amount of **\$183,282**, 2014 Title X Base Amount of **\$733,129**, one time funds for the purchase of LARC, one time funds for the purchase of HIT items, and one time funds for clinician training as specified in subsection 2 of Section II, Statement of Work. The Base Amount shall be disbursed incrementally commensurate with even distribution of funds throughout the Term (i.e., with proper documentation of expenses, Partnership will reimburse in no more than 1/12 increments for the Term month to date).

Subsection 6 of Section X, Consideration, shall be replaced with the following:

- 6) Contractor agrees to provide funding for family planning services in an amount not to exceed **\$1,451,952**. Contractor will identify and submit in writing to Partnership the source and allocation of said funds in the Contractor's Budget and Contract Extension Budget (Attachments 3 and 3A);

#### V. REPORTING REQUIREMENTS

Subsection B of Section XII, Reporting Requirements, shall be replaced with the following:

- B. Contractor will submit to Partnership financial reports and any special project report(s) for the following periods and by the following due dates:

| Financial Reporting Period    | Due Date         |
|-------------------------------|------------------|
| January 1 – March 31, 2014    | April 20, 2014   |
| April 1 – June 30, 2014       | August 20, 2014  |
| July 1 – September 30, 2014   | October 20, 2014 |
| October 1 – December 31, 2014 | January 20, 2015 |
| January 1 – March 31, 2015    | April 24, 2015   |

#### VI. Attachment 4: PERFORMANCE COMPENSATION

First paragraph of Attachment 4, Performance Compensation, shall be replaced with the following:

Contractor shall perform the functions and services identified in Attachment 1 ("Agency Health Center Information"), during the 15 months of the Contract Term, in accordance with the Title X Regulations and Program Guidelines and as described in Contractor's 2014 Client Data Summary

(Attachments 2 and 2A). Contractor shall provide, at a minimum, Title X-covered services to 7,001 unduplicated clients during calendar year 2014 and 1,750 unduplicated clients during the first quarter of 2015.

**VII. Attachment 5A: INFERTILITY PREVENTION PROJECT (IPP)**

First paragraph of Attachment 5A, Infertility Prevention Project, shall be replaced with the following:

The purpose of this statement of work is to outline roles and responsibilities in regard to the Infertility Prevention Project (IPP). This statement of work is in effect from **December 31, 2013** until **March 31, 2015**.

**VIII. EXECUTION**

This contract amendment is effective upon approval by the governing bodies of the parties and signed by persons having executory powers for the parties.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Brenda L. "Bré" Thomas, MPA

\_\_\_\_\_  
Name

Chief Executive Officer

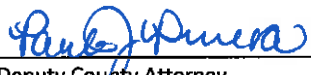
\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

ATTEST

\_\_\_\_\_  
Clerk of the Board                      Date  
Pima County Board of Supervisors

APPROVED AS TO FORM

 1.5.15  
Deputy County Attorney                      Date  
Pima County

APPROVED AS TO CONTENT

 1.8.15  
Pima County Health Dept.                      Date

**2015 Q1  
CLIENT DATA - SUMMARY**

**Agency Name: Pima County Health Department**

|  |             |
|--|-------------|
| <b><i>Title X Family Planning Users:</i></b>   |             |
| Unduplicated Female Users                      | 1595        |
| Unduplicated Male Users                        | 155         |
| <b>Total Unduplicated Females &amp; Males:</b> | <b>1750</b> |

|   |            |
|---|------------|
| <b><i>Adolescent Family Planning Users:</i></b> |            |
| <b><i>(included in above numbers)</i></b>       |            |
| <b>Total Unduplicated Teens 19 and Younger:</b> | <b>411</b> |

|                             |
|-----------------------------|
| <b><i>Income Status</i></b> |
|-----------------------------|

***Poverty Level Income Percent:***

|   |             |
|---|-------------|
| At or below 100% of FPL                     | 1519        |
| Between 101 and 250%                        | 225         |
| At or above 251%                            | 6           |
| <b>Total Unduplicated clients by FPL %:</b> | <b>1750</b> |

|  |             |
|--|-------------|
| <b>Total Number of Client Visits*:</b> | <b>2983</b> |
|--|-------------|

\* Duplicated clients numbers are okay  
*FPL = Federal Poverty Level*

**Contract Extension Budget****Agency:** Pima County Health Department**Date:** 12/12/2014**Revised Date:**

Period: January 1 - March 31, 2015

| REVENUE                              | 2014 Budget | 2015 Title X Funds | 2015 Non Title X Funds | 2015 Total Program Budget |
|--------------------------------------|-------------|--------------------|------------------------|---------------------------|
| Title X - Base                       | 733,129.00  | 183,282.25         |                        | 183,282.25                |
| Bureau of Primary Health Care (BPHC) |             |                    |                        | 0.00                      |
| Other Federal Grants (Specify)       |             |                    |                        | 0.00                      |
| Other Federal Grants (Specify)       |             |                    |                        | 0.00                      |
| <b>SUB TOTAL OF FEDERAL GRANTS</b>   | 733,129.00  | 183,282.25         | 0.00                   | 183,282.25                |

**PAYMENT FOR SERVICES**

|                          |           |  |           |           |
|--------------------------|-----------|--|-----------|-----------|
| Patient Collections/Fees | 45,000.00 |  | 11,250.00 | 11,250.00 |
|--------------------------|-----------|--|-----------|-----------|

**THIRD PARTY PAYERS**

|  |           |      |          |          |
|--|-----------|------|----------|----------|
| AHCCCS/Health Plans (Title XIX)        | 20,000.00 |      | 5,000.00 | 5,000.00 |
| Medicare (Title XVIII)                 |           |      |          | 0.00     |
| Other public health insurance          |           |      |          | 0.00     |
| Private health insurance               |           |      |          | 0.00     |
| <b>SUB TOTAL OF THIRD PARTY PAYERS</b> | 20,000.00 | 0.00 | 5,000.00 | 5,000.00 |

**OTHER SOURCES**

|                                   |              |      |            |            |
|-----------------------------------|--------------|------|------------|------------|
| Title V (MCH Block Grant)         |              |      |            | 0.00       |
| Local Government                  | 953,562.25   |      | 238,390.56 | 238,390.56 |
| State Government                  |              |      |            | 0.00       |
| Client Donations                  | 48,000.00    |      | 12,000.00  | 12,000.00  |
| Agency In Kind                    | 95,000.00    |      | 23,750.00  | 23,750.00  |
| Agency Contribution               |              |      |            | 0.00       |
| Other (Specify)                   |              |      |            | 0.00       |
| <b>SUB TOTAL OF OTHER SOURCES</b> | 1,096,562.25 | 0.00 | 274,140.56 | 274,140.56 |

**TOTAL REVENUE**

|  |              |            |            |            |
|--|--------------|------------|------------|------------|
|  | 1,894,691.25 | 183,282.25 | 290,390.56 | 473,672.81 |
|--|--------------|------------|------------|------------|

**Contract Extension Budget****Agency:** Pima County Health DepartmentDate: 12/12/2014  
Revised Date:

Period: January 1 - March 31, 2015

| EXPENSES              | 2014 Budget         | 2015 Title X Funds | 2015 Non Title X Funds | 2015 Total Program Budget |
|-----------------------|---------------------|--------------------|------------------------|---------------------------|
| Personnel             | 935,149.44          | 101,753.82         | 132,033.55             | 233,787.37                |
| Fringe Benefits       | 310,515.83          | 35,522.00          | 42,106.96              | 77,628.96                 |
| Travel                | 8,220.00            | 500.00             | 1,555.00               | 2,055.00                  |
| Equipment             | 24,435.00           | 2,000.00           | 4,108.75               | 6,108.75                  |
| Supplies              | 276,040.36          | 35,299.18          | 33,710.90              | 69,010.08                 |
| Contractual           | 82,461.00           | 2,615.25           | 18,000.00              | 20,615.25                 |
| Occupancy             | 225,901.62          | 0.00               | 56,475.40              | 56,475.40                 |
| Other                 | 9,600.00            | 0.00               | 2,400.00               | 2,400.00                  |
| Indirect              | 22,368.00           | 5,592.00           | 0.00                   | 5,592.00                  |
| <b>TOTAL EXPENSES</b> | <b>1,894,691.25</b> | <b>183,282.25</b>  | <b>290,390.56</b>      | <b>473,672.81</b>         |

*I certify that the information in this report is correct to the best of my knowledge.*

Completed By:

(Printed Name)

Signature:

Date: