



BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / GRANTS

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: July 25, 2023

* = Mandatory, information must be provided

or Procurement Director Award: ☐

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

El Rio Santa Cruz Neighborhood Health Center, Inc. Dba El Rio Health Center

***Project Title/Description:**

Well Woman HealthCheck Program (WWHP)

***Purpose:**

This program provides breast and cervical cancer screening and diagnostic services for program uninsured/underinsured low-income eligible women.

Amendment #1 extends the agreement for seven months to 1/28/24 to align with the current end date for the overarching WWHP grant. \$50,000 of federal grant funds are being added for this time period. State funding is being moved to a new contract.

***Procurement Method:**

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

***Program Goals/Predicted Outcomes:**

1. Provide ongoing outreach and recruitment of eligible women.
2. Provide accessible, timely, and quality breast and cervical cancer screening and diagnostic services.
3. Provide care coordination services to support insured women who have abnormal screening results; and
4. Actively participate in coalitions that will assist the Well Woman HealthCheck Program to:
 - a. Improve and expand WWHP;
 - b. Identify and partner with referral resources within local communities;
 - c. Coordinate community services to reduce duplicate efforts; and
 - d. Secure accessible treatment and follow-up services for WWHP women diagnosed with cancer who are ineligible for treatment under the Breast and Cervical Cancer Prevention and Treatment Act of 2000.

***Public Benefit:**

Provides low-income, uninsured, and medically under-served women access to lifesaving screening for early detection of breast and cervical cancers.

***Metrics Available to Measure Performance:**

1. The time from screening to diagnosis shall be less than sixty (60) days;
2. The time from diagnosis to treatment shall be less than sixty (60) days; and
3. Women who are diagnosed with breast or cervical abnormalities will have their progress monitored according to the WWHP Clinical guidelines.

***Retroactive:**

Yes. This amendment takes effect on July 1, 2023. The county recently changed to a new template for subrecipient agreements and entailed additional time to shift formats for contracting. If not approved by the BOS, El Rio would not have the funding to provide these essential services.

TO: COB 7-12-2023 (1)

VERS: 3

PGS: 3

GMT: or power
7/7/23
(RM)

JUL 10 23 AM 10:44 PD

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? 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: CT Department Code: HD Contract Number (i.e., 15-123): 22-420

Amendment No.: 01

AMS Version No.: 0203

Commencement Date: 07/01/2023

New Termination Date: 01/28/2024

Prior Contract No. (Synergen/CMS): N/A

☒ Expense ☐ Revenue ☒ Increase ☐ Decrease

Amount This Amendment: \$ 50,000.00

Is there revenue included? ☐ Yes ☒ No If Yes \$ _____

***Funding Source(s) required: Centers for Disease Control & Prevention via AZ Dept. of Health Services**

Funding from General Fund? ☐ Yes ☒ No If Yes \$ _____ % _____

Grant/Amendment Information (for grants acceptance and awards)

☐ Award ☐ Amendment

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

Commencement Date: _____ Termination Date: _____ Amendment Number: _____

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

***All Funding Source(s) required:** _____

*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)?

Contact: Sharon Grant

Department: Health

Telephone: 724-7842

Department Director Signature: [Signature]

Date: 6/30/2023

Deputy County Administrator Signature: [Signature]

Date: 7-7-2023

County Administrator Signature: _____

Date: 7-7-2023

Pima County Department of Health			
Project: Well Woman HealthCheck Program (WWHP)			
Subrecipient name and address: El Rio Santa Cruz Neighborhood Health Center Inc. Dba El Rio Health Center 839 W. Congress Tucson, AZ 85745			
Amount: \$150,000.00			
Contract No.: CT-HD-22-420		Contract Amendment No.: 01	
Subrecipient Unique Entity Identifier (UEI):	V9JTFH1682E9	SAM expiration date (if applicable):	04/09/2024
Federal Award Identification Number (FAIN)	5 NU58DP006341-05-00	Federal award date	05/26/2022
Subaward term/ period of performance start and end date	07/01/2022-01/28/2024	Subaward budget period start and end date	07/01/2023-01/28/2024
Amount of federal funds obligated by this action by the pass-through entity to the subrecipient (amount of this agreement or amendment)			\$ 50,000.00
Total amount of federal funds obligated to the subrecipient by the pass-through entity including the current financial obligation (amount of this agreement, plus any amendments, including this amendment)			\$100,000.00
Total amount of the federal award committed to the subrecipient by the pass-through entity (original amount of this agreement, plus any amendments, plus any match, plus any future budget periods, if applicable)			\$100,000.00
Federal award project description (descriptive project title)		Breast and cervical cancer screening and quality improvement for Arizona known as Well Woman HealthCheck Program.	
Funding agency		Center for Disease Control & Prevention	
Pass-through entity (primary recipient)		Arizona Department of Health Services	
Pass-through entity (secondary recipient, if applicable)		N/A	
Assistance listing number and title (applies to 100% of this sub-award, including all disbursements)		93.898 -- Cancer Prevention & Control Programs for State, Territorial & Tribal Organizations	
Is this subaward for research and development?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Subrecipient indirect cost rate and methodology	<input type="checkbox"/> Negotiated Indirect Cost Rate Agreement	<input checked="" type="checkbox"/> De minimis rate	<input type="checkbox"/> No Indirect
Required match	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Match amount	\$0.00

SUBAWARD AMENDMENT

1. BACKGROUND AND PURPOSE.

1.1. Background. On July 1, 2022, County and Subrecipient entered into the above referenced agreement to provide services for the Well Woman HealthCheck program.

1.2. Purpose. County requires to extend the contract and add funding for the new accounting period.

2. **TERM**. The County is exercising the first extension option to renew the contract for seven months commencing on July 1, 2023 and terminating on Jan 28, 2024. If the commencement date is before the Effective Date of this amendment, the parties will, for all purposes, deem the amendment to have been in effect as of the commencement date.

3. COMPENSATION AND PAYMENT.

3.1 Maximum Payment Amount. The maximum amount the County will spend under this Contract, as set forth in Section 6.2 of the original agreement, is increased by \$50,000.00. County's total payments to Subrecipient under this contract, including any sales taxes, will not exceed \$150,000.00.

4. **SCOPE OF SERVICES**. In Exhibit A, Scope of Services, change the age range as follows:

- 1.1.1.1 Change from "Women aged 40-64 years..." to "Women aged 50-64 years..."
- 1.1.3.1 Change from "All eligible women aged 40 to 64" to "All eligible women aged 50 to 64."
- 1.1.3.4 Change "Women less than 40 years of age..." to "Women less than 50 years of age..."

5. **Forced Labor of Ethnic Uyghurs**. Pursuant to A.R.S. § 35-394, if Contractor engages in for-profit activity and has 10 or more employees, Contractor certifies it is not currently using, and agrees for the duration of this Contract to not use (1) the forced labor of ethnic Uyghurs in the People's Republic of China; (2) any goods or services produced by the forced labor of ethnic Uyghurs in the People's Republic of China; and (3) any contractors, subcontractors or suppliers that use the forced labor or any goods or services produced by the forced labor of ethnic Uyghurs in the People's Republic of China. If Contractor becomes aware during the term of the Contract that the Company is not in compliance with A.R.S. § 35-394, Contractor must notify the County within five business days and provide a written certification to County regarding compliance within one hundred eighty days.

All other provisions of the Contract not specifically changed by this Amendment remain in effect and are binding upon the parties.

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PIMA COUNTY

Chair, Board of Supervisors

Date

ATTEST

Clerk of the Board

Date

APPROVED AS TO FORM

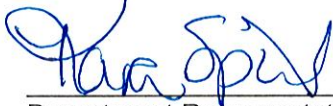


Deputy County Attorney

Tyler Campman
Print DCA Name

6/28/23
Date

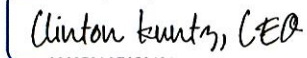
APPROVED AS TO CONTENT



Department Representative

6/30/2023
Date

SUBRECIPIENT

DocuSigned by:


20037352E052431...
Authorized Officer Signature
Clinton Kuntz, CEO

Printed Name and Title
6/29/2023

Date