



BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / GRANTS

Award Contract Grant

Requested Board Meeting Date: July 15, 2025

* = Mandatory, information must be provided

or Procurement Director Award:

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

Arizona Board of Regents, The University of Arizona

***Project Title/Description:**

Pima CARES

***Purpose:**

Amendment #1 extends the end date of this agreement by four months to 8/31/2025. The primary objective of this project is to prevent overdoses in Pima County. The University of Arizona (UA) Comprehensive Pain and Addiction Center (CPAC) will work with the Pima County Health Department's (PCHD) Community Mental Health and Addiction (CMHA) team to provide an interdisciplinary and comprehensive approach to address pain and substance use in clinical settings for healthcare providers and Emergency Medical Technicians.

***Procurement Method:**

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

***Program Goals/Predicted Outcomes:**

- Conduct four types of needs assessment to inform Continuing Medical Education/Continuing Education (CME/CE) content.
- Develop a total of 30 certified CME/CE hours offered as live activities with three contact hours each.
- Improve medical provider knowledge and use of medication for opioid use disorder.

***Public Benefit:**

Increase in provider awareness of approaches to reduce the incidence of death resulting from overdose in Pima County. The increase in awareness will result from the development of trainings for medical providers.

***Metrics Available to Measure Performance:**

- Total number of subject matter expert interviews, focus groups, and survey takers.
- Total number of participants for CME/CE courses.

***Retroactive:**

Yes. Additional time was required to determine remaining Year 1 funding and to decide if additional funds were needed in amendment #1.

TO: COB. 4-30-25(1)
VERS: 1
PGS: 3

COML approves
6/26/2025
[Signature]

JUN27 25 PM 03:45 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? _____

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: PO Department Code: HD Contract Number (i.e., 15-123):
Amendment No.: 01 PO2400001342 AMS Version No.: 01
Commencement Date: 05/01/2025 New Termination Date: 8/31/2025
Prior Contract No. (Synergen/CMS): CT-HD-24-254

Expense Revenue Increase Decrease Amount This Amendment: \$ 0.00

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

*Funding Source(s) required: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention

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: Christina Drennan

Department: Health

Telephone: 520-724-7614

Department Director Signature:

Date: 6/20/25

Deputy County Administrator Signature:

Date: 6-25-2025

County Administrator Signature:

Date: 6/27/2025

Pima County Department of Health**Project:** Pima CARES**Subrecipient name and address:** Arizona Board of Regents, The University of Arizona
Sponsored Projects and Contracts Services
PO Box 41867
Tucson, AZ 85717**Amount:** \$266,632.00**Contract No.:** PO2400001342 (Formerly CT-HD-24-254) **Amendment No.:** 01

Subrecipient Unique Entity Identifier (UEI):	ED44Y3W6P7B9	SAM expiration date (if applicable):	02/03/2026
Federal Award Identification Number (FAIN)	NH28CE003541	Federal award date	08/03/2023
Subaward term/ period of performance start and end date	05/01/2025-08/31/2025	Subaward budget period start and end date	05/01/2025-08/31/2025
Amount of federal funds obligated by this action by the pass-through entity to the subrecipient (amount of this amendment)			\$0.00
Total amount of federal funds obligated to the subrecipient by the pass-through entity including the current financial obligation (amount of original agreement, plus any prior amendments, including this amendment)			\$266,632.00
Total amount of the federal award committed to the subrecipient by the pass-through entity (amount of original agreement, plus any prior amendments, plus any match, plus any future budget periods, if applicable)			\$266,632.00
Federal award project description (descriptive project title)	Pima County Overdose Data to Action: LOCAL – Pima CARES (Coordinate, Accessible, Responsive, Equitable and Safe). The primary objective for this project is to prevent overdoses and provide support through enhancing linkages, engagement, and retention to care for individuals at risk of an overdose in Pima County, with specific focus on individuals involved in the justice-system or individuals who present in emergency departments.		
Funding agency	U.S. Department of Health and Human Services, Centers for Disease Control and Prevention		
Pass-through entity (primary recipient)	Pima County Health Department		
Pass-through entity (secondary recipient, if applicable)	N/A		
Assistance listing number and title (applies to 100% of this sub-award, including all	93.136, Injury Prevention and Control Research and State and Community Based		

disbursements)		Programs	
Is this subaward for research and development?			Yes <input type="checkbox"/> No X
Subrecipient indirect cost rate and methodology	X Negotiated Indirect Cost Rate Agreement	<input type="checkbox"/> De minimis rate	<input type="checkbox"/> No Indirect
Required match	<input type="checkbox"/> YES X NO	Match amount	\$0.00

SUBAWARD AMENDMENT

1. BACKGROUND AND PURPOSE.

1.1. Background. On May 1, 2024, County and Subrecipient (collectively "Parties") entered into the above referenced agreement to provide an interdisciplinary and comprehensive approach to address pain and substance use in clinical settings for healthcare providers and Emergency Medical Technicians.

1.2. Purpose. County requires additional time in which to provide these services.

2. **TERM.** The County is exercising the first extension option to renew the contract for one additional term commencing on 05/01/2025 and terminating on 08/31/2025. 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.

All other provisions of the Agreement not expressly modified in this Amendment will remain in effect and be binding on the Parties.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

This agreement may be executed in counterparts, each of which, when taken together, will constitute one original agreement.

PIMA COUNTY

Chair, Board of Supervisors

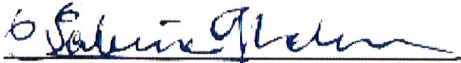
Date

ATTEST

Clerk of the Board

Date

APPROVED AS TO FORM



Deputy County Attorney

Sabrina Fladness

Print DCA Name

6/18/2025

Date

SUBRECIPIENT

Elisha Johnson

Elisha Johnson (Jun 17, 2025 19:35 PDT)

Authorized Officer Signature

Elisha Johnson, JD

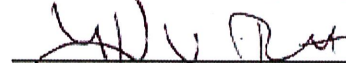
Interim Managing Director, Research Administration

Printed Name and Title

Jun 17, 2025

Date

APPROVED AS TO CONTENT



Department Head

6/20/25

Date