



BOARD OF SUPERVISORS AGENDA ITEM REPORT
AWARDS / CONTRACTS / GRANTS

Award Contract Grant

Requested Board Meeting Date: September 3, 2024

* = Mandatory, information must be provided

or Procurement Director Award:

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

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. The purpose of Amendment #2 is to change the price sheet because the grant will no longer have ADHS ARPA funds starting October 1, 2024. The grant budget will now be \$392,462.02.

***Procurement Method:**

The grant award was reviewed and signed by PCAO.

***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:**

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.

***Metrics Available to Measure Performance:**

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.

***Retroactive:**

No.

6MI approves
RW 8/16/24

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: Department Code: Contract Number (i.e., 15-123):
Amendment No.: AMS Version No.:
Commencement Date: New Termination Date:
Prior Contract No. (Synergen/CMS):

Expense Revenue Increase Decrease

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: Grant Amendment Department Code: HD Grant Number (i.e., 15-123): 70324
Commencement Date: 10/01/2024 Termination Date: 09/30/2025 Amendment Number: 02

Match Amount: \$ Revenue Amount: \$ 392,462.02

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

*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)?

Received via the Arizona Department of Health Services (ADHS)

Contact: Sharon Grant

Department: Health

Telephone: 724-7842

Department Director Signature: [Signature]

Date: 8-8-24

Deputy County Administrator Signature: [Signature]

Date: 16 Aug 2024

County Administrator Signature: [Signature]

Date: 8/19/2024



GRANT AMENDMENT

ARIZONA DEPARTMENT OF
HEALTH SERVICES
OFFICE OF PROCUREMENT
150 N 18th Ave., Ste. #530
Phoenix, Arizona 85007

GRANT NO.: RFGA2022-003-008

AMENDMENT NO.: Two (2)

Procurement Officer
Darnell Welch

Home Visiting Services for The Maternal, Infant, and Early Childhood Home Visiting (MIECHV)

Effective upon signature by both parties, it is mutually agreed that the Grant referenced in this Amendment Two (2) is amended as follows:

- Pursuant to the Terms and Conditions, Provision Five (5), Sub-Section 5.1, Amendments, Purchase Orders, And Change Orders, the Grant is hereby revised with the following:

- 1.1 The Price Sheet is revised and replaced.

ALL CHANGES ARE REFLECTED IN RED

ALL OTHER PROVISIONS SHALL REMAIN IN THEIR ENTIRETY

Contractor hereby acknowledges receipt and acceptance of above amendment and that a signed copy must be filed with the Procurement Office before the effective date

The above referenced Grant Amendment is hereby executed this ____ day of _____ 20____ at Phoenix, Arizona

(To be filled out by ADHS Procurement Office)

Contractor Signature

Contractor Signature Date

Authorized Signatory's Name and Title

Pima County Health Department

Contractor's Name

Procurement Officer Signature

APPROVED AS TO FORM:

Deputy County Attorney

Jonathan Pinkney

Revised 03.25.20

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REVIEWED BY:

Appointing Authority or Designee
Pima County Health Department



GRANT AMENDMENT

ARIZONA DEPARTMENT OF
HEALTH SERVICES
OFFICE OF PROCUREMENT
150 N 18th Ave., Ste. #530
Phoenix, Arizona 85007

GRANT NO.: RFGA2022-003-008

AMENDMENT NO.: Two (2)

Procurement Officer
Darnell Welch

Pima County Health Department - FY25 Cost Reimbursement Line-Item Budget

ACCOUNT CLASSIFICATION	AMOUNT
Personnel *	\$238,887.00
ERE *	\$76,445.00
Professional & Outside Services	\$5,200.00
Travel Expense (In-State) *	\$10,471.00
Out-of-State Travel	\$8337.00
Occupancy Expense *	\$0.00
Operating Expenses/ Other Operating *	\$17,443.62
Capital Outlay Expense	\$0.00
Indirect (if authorized) (10%)	\$35,678.40
TOTAL ANNUAL	\$392,462.02

(*) Indicates line items used to calculate the Indirect Cost.

With prior written approval from the Program Manager, the Contractor is authorized to transfer up to a maximum of ten percent (10%) of the total budget amount between funded line items. Transfers of funds are only allowed between funded line items. Transfers exceeding ten percent (10%) or to a non-funded line item shall require an amendment.