



BOARD OF SUPERVISORS AGENDA ITEM REPORT  
AWARDS / CONTRACTS / GRANTS

Award  Contract  Grant

Requested Board Meeting Date: October 17, 2023

\* = Mandatory, information must be provided

or Procurement Director Award:

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

Arizona Department of Health Services (ADHS)

**\*Project Title/Description:**

Public Health Improvement Program

**\*Purpose:**

The purpose of the AZDHS Public Health Improvement Program is to provide funding to: 1) support the Pima County Health Department's (PCHD's) reaccreditation with the Public Health Accreditation Board; 2) improve health department efficiency and effectiveness in clinical, non-clinical and population-based health promotion; 3) maintain a competent workforce; and 4) engage the community in public health issues facing Pima County.

Amendment #1 provides a revised price sheet for the same total amount of \$113,700.

**\*Procurement Method:**

This grant IGA is a non-procurement agreement and not subject to Procurement rules.

**\*Program Goals/Predicted Outcomes:**

The Health Department will implement strategies at the local community level that enable it to:

1. Seek Public Health Accreditation Board (PHAB) accreditation or re-accreditation;
2. Evaluate and continuously improve processes, programs, quality improvement, and performance management;
3. Maintain a competent workforce; and
4. Conduct and disseminate assessments focused on population health status and public health issues facing the community.

**\*Public Benefit:**

The Public Health Improvement Program allows for implementation of a variety of strategies designed to impact policy, system, and environmental change at the community and organizational level in order to promote and implement healthy community interventions. This program allows PCHD to better align priorities internally and ensure that its work supports the activities identified in the Pima County Community Needs Assessment, the Health Department's Strategic Plan, and year two goals of the Healthy Pima Action Plan.

**\*Metrics Available to Measure Performance:**

Metrics are determined for each goal funded by this grant through the development of program specific work plans that are approved by ADHS during the first quarter of funding.

**\*Retroactive:**

Yes. The Price Sheet begins July 1, 2023 but the Amendment was not received until September 11, 2023. If not approved, the PCHD will not have the revised budget they requested for this grant.

GMI APPROVES  
AP 9/22/23

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
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): 24-026
Commencement Date: 07/01/2023 Termination Date: 06/30/2024 Amendment Number: 01
Match Amount: \$ \_\_\_\_\_ Revenue Amount: \$ 113,700.00

\*All Funding Source(s) required: Preventive Health and Health Services Block Grant, CDC funding

\*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)?
Via Arizona Department of Health Services, CTR060592

Contact: Sharon Grant

Department: Health

Telephone: 724-7842

Department Director Signature: [Signature] Date: 9-25-23
Deputy County Administrator Signature: [Signature] Date: 29 Sep 2023
County Administrator Signature: [Signature] Date: 10/2/2023



**INTERGOVERNMENTAL AGREEMENT (IGA)  
AMENDMENT**

**ARIZONA DEPARTMENT OF  
HEALTH SERVICES**  
150 18<sup>th</sup> Ave Suite 530  
Phoenix, Arizona 85007

**CONTRACT NO.: CTR060592**

**IGA AMENDMENT NO: ONE (1)**

**PROCUREMENT OFFICER  
PAUL EVANS**

**Public Health Improvement Program**

It is mutually agreed that the Intergovernmental Agreement (IGA) referenced in this Amendment One (1) is amended as follows:

1. Pursuant to the Terms and Conditions, Provision Six (6), Contract Changes, Section 6.1, Amendments, Purchase Orders and Change Orders, the Price Sheet is revised and replaced.

**ALL CHANGES ARE IDENTIFIED BELOW IN RED**

**ALL OTHER PROVISIONS OF THIS AGREEMENT REMAIN UNCHANGED**

**Pima County**

Contractor Name:

Authorized Signature

Address:

Print Name

**Tucson**

**Arizona**

**85714**

City

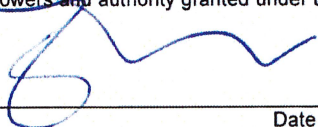
State

Zip

Title

Pursuant to A.R.S. § 11-952, the undersigned public agency attorney has determined that this Intergovernmental Agreement is in proper form and is within the powers and authority granted under the laws of Arizona

This Intergovernmental Agreement Amendment shall be effective the date indicated. The Public Agency is hereby cautioned not to commence any billable work or provide any material, service or construction under this IGA until the IGA has been executed by an authorized ADHS signatory.

 9/22/23

State of Arizona

Signature

Date

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 2023.

**Jonathan Pinkney**

Print Name

Procurement Officer

Contract No.: CTR060592, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney, who has determined that it is in proper form and is within the powers and authority granted under the laws of the State of Arizona.

REVIEWED BY: 

Appointing Authority or Designee  
Pima County Health Department

Signature

Date

Assistant Attorney General

Print Name





**INTERGOVERNMENTAL AGREEMENT (IGA)  
AMENDMENT**

ARIZONA DEPARTMENT OF  
HEALTH SERVICES  
150 18<sup>th</sup> Ave Suite 530  
Phoenix, Arizona 85007

CONTRACT NO.: CTR060592

IGA AMENDMENT NO: ONE (1)

PROCUREMENT OFFICER  
PAUL EVANS

**ANNUAL PRICE SHEET**

July 1 – June 30

Account Classification	Line Item Totals
Personnel*	\$ 54,283.00
Employee Related Expenses*	\$ 18,999.00
Professional & Outside Services	\$ 0.00
<b>Travel Expenses*</b>	<b>\$ 12,442.00</b>
Occupancy Expenses	\$ 0.00
<b>Other Operating Expenses*</b>	<b>\$ 17,640.00</b>
Capital Outlay Expenses	\$ 0.00
Indirect Cost Expenses (if authorized) (10%*)	\$ 10,336.00
<b>Total Annual Amount (Not to Exceed)</b>	<b>\$ 113,700.00</b>

The County is authorized to transfer up to a maximum of twenty-five percent (25%) of the total budget amount between line items. Transfers exceeding twenty-five percent (25%) or to a non-funded line item shall require an amendment.