



# BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / GRANTS

Award  Contract  Grant

Requested Board Meeting Date: April 1, 2025

\* = Mandatory, information must be provided

or Procurement Director Award:

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

Arizona Department of Health Services (ADHS)

**\*Project Title/Description:**

Well Women Health Check Program (WWHP)

**\*Purpose:**

Provide access for uninsured and underinsured women to receive breast and cervical cancer screening and diagnostic services. Provide Navigation Only services for insured women to assist them in receiving breast and cervical cancer screening.

Attached is ADHS agreement number CTR070063 Amendment 1 – extending contract to February 25, 2026. This amendment did not require PCAO’s review or signature.

**\*Procurement Method:**

The grant award did not require PCAO’s review or signature.

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

The program aims to provide:

- Clinical breast exams, mammograms and pap/HPV tests to eligible women;
- Diagnostic services to detect breast and cervical cancers for women with abnormal screening results;
- Case management to ensure that women access and receive services;
- Navigation Only to provide individualized service planning and assistance in securing access to services for insured women for breast and cervical cancer screening;
- Development of Survivorship Care Plans for cancer survivors;
- Training and education about the program to community members and health professionals; and
- Assistance to members of the community to enroll on the Breast and Cervical Cancer Treatment Program (BCCTP).

**\*Public Benefit:**

The WWHP program in Pima County has been providing screening and diagnostic services since 1995 through subcontracts with community providers. In FY 22-23, over 2,254 services were provided for breast and cervical screening. Approximately 360 were referred for further diagnostics, and 9 were referred for cancer treatment. In addition to screening and diagnostic services, the program educated at-risk and vulnerable women about breast and cervical health, the importance of regular screening and early detection, and community resources that are available.

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

- Number of mammograms provided
- Number of pap and HPV tests
- Number of women referred for future diagnostics
- Number of women referred for cancer treatment
- Number of women provided Navigation Only services
- Number of community referrals assisted to enroll on BCCTP

**\*Retroactive:**

Yes. The WWHC grant began on February 26, 2024, with annual grant renewals, this being Amendment 1 – effective date February 26, 2025. PCHD needed the grant renewal from ADHS to finalize documents for the Board of Supervisors. The earliest BOS meeting available by the time materials were ready is April 1, 2025. If not accepted, Health will lack their primary funding source for mammograms, pap and HPV tests and community education.

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: Grant Amendment Department Code: HD Grant Number (i.e., 15-123): 66425

Commencement Date: 02/26/2025 Termination Date: 02/25/2026 Amendment Number: 1

Match Amount: \$ Revenue Amount: \$ 0.00

\*All Funding Source(s) required: Centers for Disease Control and State Funding (ADOT and other)

\*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 the Arizona Department of Health Services

Contact: Maria Loya

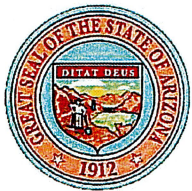
Department: Health

Telephone: 724-2877

Department Director Signature: Date: 3-13-25

Deputy County Administrator Signature: Date: 3-14-2025

County Administrator Signature: Date: 3/14/2025



# CONTRACT AMENDMENT

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

CONTRACT NO.: CTR070063

AMENDMENT NO.: 1

PROCUREMENT OFFICER:  
Karla Varela

## WELL WOMAN HEALTHCHECK PROGRAM (WWHP)

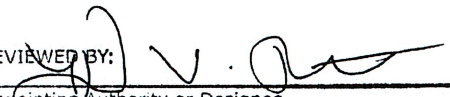
Effective upon signature by both parties it is mutually agreed that the Contract is amended as follows:

1. Pursuant to the Special Terms and Conditions, Provision Three (3), Contract Extensions 5 Year Maximum, the Contract is hereby extended through **February 25, 2026**.

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 Contract Amendment is hereby executed this ____ day of _____ 20____ at Phoenix, Arizona  (To be filled out by Procurement Office)
Contractor Signature	
Contractor Signature Date	
Authorized Signatory's Name and Title	
Pima County	
Contractor's Name	Procurement Officer Signature

REVIEWED BY:   
 Appointing Authority or Designee  
 Pima County Health Department