



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

Requested Board Meeting Date: April 19, 2016

or Procurement Director Award ☐

Contractor/Vendor Name (DBA): Arizona Department of Health Services

Project Title/Description:

HIV Prevention Program

Purpose:

To implement high impact prevention strategies that are most cost-effective at reducing HIV infections. Strategies include HIV testing, condom distribution and programs to help people living with HIV avoid transmitting HIV to others.

Procurement Method:

N/A

Program Goals/Predicted Outcomes:

1. To provide access to quality HIV testing and Linkage to Care for persons residing in Pima County.
2. To increase the number of persons in the jurisdiction who are aware of their status.
3. To provide partner services to all persons newly diagnosed with HIV or persons previously diagnosed with HIV who have a new STD diagnosis.

Public Benefit:

Reduction in new HIV infections in Pima County.

Metrics Available to Measure Performance:

- Provide or offer partner services to 100% of newly diagnosed cases within 7 days of report.
- Enter test data into web based system within 24 hours for positive results and 7 days for negative results.
- Create a work plan and condom distribution plan within 30 days of contract initiation.
- Provide timely, client-centered prevention counseling and linkage to care to 100% of reported cases.
- Report 100% of HIV and/or AIDS cases to ADHS.

Retroactive:

The revised price sheet takes effect March 1, 2016 but Amendment #4 was not received from ADHS until March 18, 2016.

Original Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____
Effective Date: _____ Termination Date: _____ Prior Contract Number (Synergen/CMS): _____
☐ Expense Amount: \$ _____ ☐ Revenue Amount: \$ _____
Funding Source(s): _____

Cost to Pima County General Fund: _____

Contract is fully or partially funded with Federal Funds? ☐ Yes ☐ No ☐ Not Applicable to Grant Awards
Were insurance or indemnity clauses modified? ☐ Yes ☐ No ☐ Not Applicable to Grant Awards
Vendor is using a Social Security Number? ☐ Yes ☐ No ☐ Not Applicable to Grant Awards

If Yes, attach the required form per Administrative Procedure 22-73.

Amendment Information

Document Type: GTAM Department Code: HD Contract Number (i.e., 15-123): 16*60
Amendment No.: Four AMS Version No.: One
Effective Date: March 1, 2016 New Termination Date: June 30, 2017 (no change)
☐ Expense ☒ Revenue ☐ Increase ☐ Decrease Amount This Amendment: \$ _____
Funding Source(s): ADHS / U.S. Centers for Disease Control

Cost to Pima County General Fund: There is no increase in cost with this amendment.

Contact: Sharon Grant
Department: Health Telephone: 724-7842
Department Director Signature/Date: _____ 24 March 16
Deputy County Administrator Signature/Date: _____ March 29, 2016
County Administrator Signature/Date: _____ C. D. [Signature] 3/29/16
(Required for Board Agenda/Addendum Items)

**INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT****ARIZONA DEPARTMENT OF
HEALTH SERVICES**1740 W. Adams, Room 303
Phoenix, Arizona 85007
(602) 542-1040
(602) 542-1741 Fax

Contract No: ADHS16-102722

Amendment No. 4

Procurement Specialist
Manuel Gonzales**HIV Prevention Program****It is mutually agreed that the Intergovernmental Agreement referenced is amended, effective March 1, 2016, as follows:**

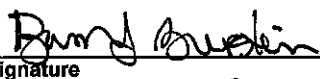
1. Replace Price Sheet Amendment One (1) with updated Price Sheet of this Amendment Four (4).

All other provisions of this agreement remain unchanged.

Pima County Health Department

Contractor Name
3950 South Country Club, #100**Address**
Tucson Arizona 85701**City State Zip****CONTRACTOR SIGNATURE****Contractor Authorized Signature****Printed Name****Title****CONTRACTOR ATTORNEY SIGNATURE**

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 the State of Arizona.

 **3/23/2016**
Signature Date**Barbara S. Burstein**
Printed Name

Attorney General Contract No. P002012014000078, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney General, 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.


Signature **Date**
Assistant Attorney General**Printed Name:**

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.

State of Arizona

Signed this _____ day of _____ 2016

Procurement Officer**REVIEWED BY**
Appointing Authority or Designee
Pima County Health Department

	INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT		ARIZONA DEPARTMENT OF HEALTH SERVICES 1740 W. Adams, Room 303 Phoenix, Arizona 85007 (602) 542-1040 (602) 542-1741 Fax
	Contract No: ADHS16-102722	Amendment No. 4	Procurement Specialist Manuel Gonzales

Price Sheet

Effective March, 2016

Cost Reimbursement Line Items	Budget Amount
1. Personnel Services	\$84,804
2. Employee Related Expenses	\$37,056
2. Professional & Outside Services	\$120,550
3. Travel Expenses	\$10,956
4. Other Operating Expense	\$47,543
5. Capital Outlay Expense	\$0
6. Other (Indirect Costs)	\$30,091
Total Contract Amount	\$331,000

1. ITEMIZED SERVICE BUDGET (ISB) RESTRICTIONS:

- 1.1 With prior written approval from the ADHS BTCD HIV Prevention Program Manager, the Contractor is authorized to transfer up to a maximum of ten percent (10%) of the total Agreement amount among the categorical line items. Transfers of funds are only allowed among funded line items as detailed in the original ISB. Transfer exceeding ten percent (10%) of the Agreement amount, or to a non-funded line item, shall require an Agreement amendment.