



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

Award Contract Grant

Requested Board Meeting Date: 02/20/2018

** = Mandatory, information must be provided*

or Procurement Director Award

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

Delta Dental of Arizona Foundation

***Project Title/Description:**

Southern Arizona Oral Health Coalition

***Purpose:**

This grant funds a third year of the Southern Arizona Oral Health Coalition (SAOHC), a community based oral health coalition which focuses on leadership, collaboration, and education to address community needs and affect change. Throughout the State there are several oral health advocacy groups working to identify and implement strategies to improve oral health awareness and increase access to care. The SAOHC joins the other coalitions and work groups to ensure that Pima County residents and their needs are represented.

***Procurement Method:**

N/A - grant award

***Program Goals/Predicted Outcomes:**

SAOHC's goal is to determine community needs and resources available to address issues that affect unmet oral health needs in the community. Activities include:

- Continue to recruit individuals and agency representatives for membership in the coalition
- Further develop appropriate similar messaging for increased oral health awareness
- Identify strategies to address unmet dental needs that are congruent with the State Oral Health
- Promote prevention and early intervention for people of all ages

The anticipated outcome is that oral health will be integrated into all areas of health across the lifespan.

***Public Benefit:**

Poor dental health can lead to pain, infection and tooth loss, resulting in poor school attendance, low self-esteem, and difficulty with speaking and eating. Uniting concerned individuals and representatives from local agencies with a common purpose (improved oral health for all), allows members to combine their experiences, strategies and resources and to address community needs. Improved oral health contributes to the overall health of individuals, quality of life and the community.

***Metrics Available to Measure Performance:**

- Conduct no less than six coalition meetings with community representatives in attendance
- Evaluate previous goals and develop short and long term goals as part of ongoing strategic planning
- Participate in Arizona's new statewide oral health coalition
- Identify funding and a fiscal agent to sustain and support the SAOHC for year 4 and beyond

***Retroactive:**

No. The grant award takes effect March 1, 2018.

Contract / Award 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) required:**

Funding from General Fund? Yes No If Yes \$ _____ % _____

Contract is fully or partially funded with Federal Funds? Yes No

***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 22-73.

Amendment / Revised Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e.,15-123): _____

Amendment No.: _____ AMS Version No.: _____

Effective Date: _____ New Termination Date: _____

Prior Contract No. (Synergen/CMS): _____

Expense or 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: GTAW Department Code: HD Grant Number (i.e.,15-123): 18-60

Effective Date: 3/1/2018 Termination Date: 2/28/2019 Amendment Number: N/A

Match Amount: \$ _____ Revenue Amount: \$ 20,000

***All Funding Source(s) required:** Delta Dental of Arizona Foundation

***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)?** N/A

Contact: Sharon Grant

Department: Health

Telephone: 724-7842

Department Director Signature/Date: *Mary Lou...* 2-1-2018 *[Signature]* 2/6/18

Deputy County Administrator Signature/Date: *[Signature]* 2-6-2018

County Administrator Signature/Date: *[Signature]* 2/6/18
(Required for Board Agenda/Addendum Items)



DELTA DENTAL OF ARIZONA
FOUNDATION

January 12, 2018

Delta Dental of Arizona Foundation 2018 Grant Agreement

Congratulations on receiving a grant award of \$20,000 to Southern Arizona Oral Health Coalition (Pima County Health Department) ("Organization") and \$473 in Smile Bags (dental hygiene supplies) for one year, as approved by the Delta Dental of Arizona Foundation Board of Directors.

Signing this letter of understanding will constitute the Organization's agreement with the Foundation. After signing both copies, please keep one copy for your records and mail the second copy to Barb Kozuh at Delta Dental of Arizona Foundation, 5656 West Talavi Blvd., Glendale, AZ 85306.

- The grant period for this award is **March 1, 2018 – February 28, 2019**.
- This agreement includes an understanding that the Foundation may make public disclosure of the amount and intent of the grant and the identity of the Organization as the recipient if the Foundation elects to do so.
- You will receive your dental supplies (if requested) on the date you noted on your supply request form. Please note that each organization is entitled only to the approved supplies during the grant period.
- It is our understanding that the Organization is a 501 c (3) organization or eligible government entity, sovereign Indian Nation, or public school, and that the Foundation will be promptly notified if that tax status is altered.
- The unused portion of the grant funding will be withdrawn if at any time the Organization's status with the IRS is terminated, and may be withdrawn at the discretion of the Foundation if there are any claims, charges, or investigations of alleged fraud, misrepresentation, crime, or regulatory infraction pertaining to the program, the Organization, or its principals or affiliates.
- Grant funding will be used and restricted for the sole purpose of funding the program as outlined in the grant application. Any portion of the grant funding not used should be remitted back to the Foundation at the end of the grant period.
- None of the grant funding can be used for private benefit, political campaign, or carrying on propaganda.

- The Organization may not assign its rights and/or obligations under this agreement to any other party.
- The Organization is required to maintain adequate financial records and books. The Foundation will have the right to inspect these as well as any records or databases associated with this grant.
- It is mutually understood that the Foundation will be given prompt written notice of any material change in the budget or operations that exceeds ten percent (10%) of the whole proposed budget as outlined in the grant proposal.
- The Organization must submit a complete **Interim Report no later than September 27, 2018**. An Interim Report template will be sent no later than a month before the due date.
- The Organization must submit a complete **Final Report no later than March 28, 2019**. A Final Report template will be sent no later than a month before the due date.
- A financial report detailing the use of the Delta Dental of Arizona Foundation funds is required to be completed within each of the above-mentioned reports.
- For proper use of the logo of the Delta Dental of Arizona Foundation, please read and sign the enclosed policy. **Return the signed policy form with the signed grant agreement to the Foundation office.**
- Any external communications and publicity related to the proposal supported by the Foundation must include a standard public acknowledgement that funding for this program is: **“Generously funded by the Delta Dental of Arizona Foundation” or “Partially funded by the Delta Dental of Arizona Foundation”.**
- Please keep the Foundation informed of any and all events related to the program and provide the Foundation with copies of all related news releases, articles, newsletters and/or other communications.
- In the process of delivering services as noted in the grant proposal, the Organization is expected to adhere to all applicable Federal and State laws, rules, regulations and statutes, including the Arizona Board of Dental Examiners Practice Act and dental standards of care.
- If the funded program includes dental exams or dental screenings, then the Organization is *strongly* encouraged to have a protocol in place to provide a link to available dental care services for individuals with dental needs, particularly urgent needs.
- Delta Dental of Arizona Foundation may request approval to distribute materials created as a result of the grant, and/or present/publish on the results of the funded program.

This letter constitutes the entire Foundation agreement with the Organization as to its subject matter. Any modifications must be in writing and signed by an *authorized* Officer of each party.

We truly look forward to working with you to improve oral health in our community.

Sincerely,



Barb Kozuh
Director of Community Benefit Marketing

Cc: Ashlee Dailey, Director of Finance, Delta Dental of Arizona

By signing this agreement, I represent that I have the authority to and intent to bind the Organization to the terms of this agreement.

Signature _____ Date _____

Print Name _____

Title _____

Organization _____

GRANTEE:

Pima County
Agency

APPROVED:

Chairman, Board of Supervisors

Date

ATTEST:

Clerk of Board

Date

APPROVED AS TO FORM:

Paul J. Rivera
Deputy County Attorney

1-26-18
Date

APPROVED AS TO CONTENT:

Margaret Sanchez
Department Representative

2-1-2018
Date

ATTACHMENT A
PIMA COUNTY ADDENDUM
TO
GRANT AGREEMENT BETWEEN
DELTA DENTAL OF ARIZONA FOUNDATION
AND
PIMA COUNTY HEALTH DEPARTMENT

The following terms and conditions to the Grant Agreement from Delta Dental of Arizona Foundation, effective March 1, 2018, are added:

Cancellation for Conflict of Interest

This Grant Agreement is subject to cancellation for conflict of interest pursuant to ARS § 38-511, the pertinent provisions of which are incorporated into this Contract by reference.

Compliance with Employment Regulations

The parties will comply with all applicable state and federal immigration and employment laws and will require subcontractors, if any, to do the same, including, but limited to, A.R.S. § 23-214 (A), Arizona Executive Order 2009-09, Public Law 101-336, 42 § U.S.C. 12101-12213 and all applicable federal regulations under the Americans with Disabilities Act, including 28 CFR Parts 35 and 36.



LOGO & TRADEMARKS USAGE POLICY

Delta Dental of Arizona Foundation (“Foundation”) and Delta Dental of Arizona (“DDAZ”) are separate entities, but with specific, individual branding. The organization spent years developing the trademarks and logos, and they are a part of the national brand quality and consistency our customers and stakeholders have come to know and trust. As important assets to the companies, it’s vital the brand guidelines are followed.

You must obtain prior written approval from the Foundation for every use of the logo. All logo usage must adhere to the brand guidelines, which are available upon logo usage approval. Do not copy or use any logos that are part of our websites or those seen on any other Delta Dental company in another state.

Company logo

Foundation logo



**DELTA DENTAL OF ARIZONA
FOUNDATION**

The Foundation and DDAZ reserve the right to terminate or modify permission to use the logo(s) and may request that third parties modify or delete any use of the logo that, in our sole judgment, does not comply with our brand guidelines or might otherwise impair our rights in the logo.

Requests to use the logo should be sent to:

- Barb Kozuh, Director of Community Benefit Marketing, bkozuh@deltadentalaz.com or 602-588-3935

By signing this document, you represent that you have the authority to and intent to bind the Organization to the terms of this policy.

Signature: _____ Date: _____

Title: _____

Organization: _____