



**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):**

Arizona Department of Health Services

**\*Project Title/Description:**

Sexually Transmitted Disease Services (STD). The IGA/grant being amended is attached.

**\*Purpose:**

The Arizona Department of Health Services (ADHS) and the Pima County Health Department (PCHD) entered into an Intergovernmental Agreement for a five year term, beginning January 1, 2014 for STD prevention and control in Pima County.

The purpose of Amendment 3 is to add the reporting requirements imposed by the Federal Funding Accountability and Transparency Act (FFATA), make small changes to the Scope of Services and reporting requirements, and update the Price Sheet (no significant change).

**\*Procurement Method:**

N/A - grant award

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

Decrease the prevalence and potential to transmit STD infection in the community through proper screening, timely treatment, and increased education of our most at-risk population: adolescents and young adults.

**\*Public Benefit:**

The Health Department has a statutory obligation to investigate infectious or contagious disease and adopt measures to prevent the spread of disease as referenced in ARS 36-624.

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

Screen at least 85% of all females between ages 16-24 years of age who come through the Pima County Health Department's Title X / Family Planning Program.

**\*Retroactive:**

No.

**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: GTAM Department Code: HD Grant Number (i.e.,15-123): 18-28

Effective Date: upon signature Termination Date: 12/31/2018 Amendment Number: 03

Match Amount: \$ \_\_\_\_\_  Revenue Amount: \$ 122,075

**\*All Funding Source(s) required:** Centers for Disease Control and Prevention (federal) via ADHS.

**\*Match funding from General Fund?**  Yes  No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

**\*Match funding from other sources?**  Yes  No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

**\*Funding Source:** N/A

**\*If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?**  Through the Arizona Department of Health Services

Contact: Sharon Grant

Department: Health

Telephone: 724-7842

Department Director Signature/Date: [Signature] 1-24-2018 / 1/26/18

Deputy County Administrator Signature/Date: [Signature] 1/26/18

County Administrator Signature/Date: [Signature] 1/26/18  
*(Required for Board Agenda/Addendum Items)*



INTERGOVERNMENTAL AGREEMENT (IGA)
AMENDMENT

ARIZONA DEPARTMENT OF HEALTH SERVICES
150 N. 18th Avenue, Suite #260
Phoenix, Arizona 85007

CONTRACT No.: ADHS14-071222

AMENDMENT No.: 3

PROCUREMENT OFFICER
Delilah Gonzalez

SEXUALLY TRANSMITTED DISEASE SERVICES (STD)

Effective upon signature, it is mutually agreed that the Intergovernmental Agreement (IGA) referenced is amended as follows:

Pursuant to the Terms and Conditions, Provision Six (6) Contract Changes, Item 6.1 Amendments, Purchase Orders and Change Orders, the Contract is amended as follows:

- 1. Add Provision Nineteen (19), to the Terms and Conditions to read as follows:


THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA OR TRANSPARENCY ACT - P.L.109-282, AS AMENDED BY SECTION 6202(A) OF P.L. 110-252), FOUND AT https://www.frs.gov/

If applicable, the Contractor/Grantee shall submit to ADHS via email the Grant Reporting Certification Form. This form and the instructions can be downloaded from the ADHS Procurement website at http://www.azdhs.gov/operations/financial-services/procurement/index.php#ffata and must be returned to the ADHS by the 15th of the month following that in which the award was received. The form shall be completed electronically, and submitted using the steps outlined in the Grant Reporting Certification Form Instructions to the following email address: ADHS\_Grant@azdhs.gov. All required fields must be filled including Top Employee Compensation, if applicable. Completing the Grant Reporting Certification Form is required for compliance with the Office of Management and Budget (OMB), found at http://www.whitehouse.gov/omb/open. Failure to timely submit the Grant Reporting Certification Form could result in the loss of funds. This requirement applies to all subcontractors/sub-awardees utilized by the Contractor/Grantee for amounts exceeding \$30,000.00 during the term of the Award.

(Continued on Next Page)

Form containing signature lines for Contractor, Contractor Attorney, and Assistant Attorney General, along with contract details and a 'RESERVED FOR USE BY THE SECRETARY OF STATE' section.

REVIEWED BY: [Signature]
Appointing Authority or Designee
Pima County Health Department

	<b>INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT</b>		<b>ARIZONA DEPARTMENT OF HEALTH SERVICES</b> 150 N. 18 <sup>th</sup> Avenue, Suite #260 Phoenix, Arizona 85007
	<b>CONTRACT No.: ADHS14-071222</b>	<b>AMENDMENT No.: 3</b>	<b>PROCUREMENT OFFICER Delilah Gonzalez</b>

2. Add **Provision Twenty (20)**, to the Terms and Conditions to read as follows:

**20. CONTRACTING; PROCUREMENT; INVESTMENT; PROHIBITIONS:**

- 20.1 A public entity may not enter into a contract with a company to acquire or dispose of services, supplies, information technology or construction unless the contract includes a written certification that the company is not currently engaged in, and agrees for the duration of the contract to not engage in, a boycott of Israel.
- 20.2 A public entity may not adopt a procurement, investment or other policy that has the effect of inducing or requiring a person or company to boycott Israel.
- 20.3 Contractor hereby certifies that it is not currently engaged in, and will not for the duration of this Contract engage in, a boycott of Israel as defined by A.R.S. § 35-393.01. Violation of this certification by Contractor may result in action by the State up to and including termination of this Contract.

3. Scope of Services, Provision Four (4), Tasks and Requirements, Section 4.1, is hereby amended as follows:

**4. TASKS:**

- 4.1.1 Is deleted from contract.
- 4.3.1 Verbiage "Herpes genitals" is removed from contract.

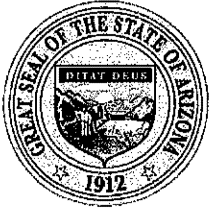
4. Scope of Services, Provision Four (4), Tasks and Requirements, Section 4.3, Item 4.3.5 is hereby added to read as follows:

- 4.3.5 The Contractor shall process reports in PRISM as noted below:
  - 4.3.5.1 Disposition and close all paper **syphilis** laboratory reports entered and assigned to them by the Arizona Department of Health Services Sexually Transmitted Disease Control Program (ADHS STDCP). Assign cases that reside on Reservation land to the appropriate Reservation liaison for follow up.
  - 4.3.5.2 Attach disposition and close all electronic laboratory reports, including those from Medical Electronic Disease Surveillance Intelligence System (MEDSIS). Assign cases that reside in other counties or on Reservation land to the appropriate County or Reservation liaison for follow up.
  - 4.3.5.3 All reports, including those from MEDSIS shall be closed within thirty (30) days of receipt.

5. Scope of Services, Provision Seven (7), State Provided Items, Section 7.3, Item 7.3.1 is hereby added to read as follows:

**7. STATE PROVIDED ITEMS:**

- 7.3.1 Enter and reassign to the Contractor all paper laboratory reports for the Contractor to disposition and close.



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AMENDMENT**

**ARIZONA DEPARTMENT OF  
HEALTH SERVICES**  
150 N. 18<sup>th</sup> Avenue, Suite #260  
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**CONTRACT No.: ADHS14-071222**

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**PROCUREMENT OFFICER  
Delilah Gonzalez**

6. Scope of Services, Provision Eight (8), Reporting Requirements/Deliverables and Schedule, Section 8, items 8.3. and 8.4 are hereby revised and amended to read as follows:

**8. REPORTING REQUIREMENTS/DELIVERABLES AND SCHEDULE:**

**8.3** Contractor's Expenditure Report shall include a summary of all positions included on this contract, filled or vacant with the breakdown of associated costs incurred with each position and should be submitted monthly or quarterly and shall not exceed the total budget. Reports may be submitted to the ADHS Sexually Transmitted Disease Control Program (STDCP) on a monthly basis but no less than semi-annually to coincide with the submission of the Progress Reports.

**8.4** Contractor shall submit semi-annual activity reports developed in accordance with their work plans within thirty (30) days after June 30<sup>th</sup> and within thirty (30) days after December 31<sup>st</sup>.

7. Pursuant to the Terms and Conditions, Provision Six (6), Contract Changes, Item 6.1, Amendments, Purchase Orders and Change Orders, the Price Sheet is hereby replaced with the revised Price Sheet in this Amendment Three (3).

**ALL OTHER PROVISIONS OF THIS AGREEMENT SHALL REMAIN IN THEIR ENTIRETY.**



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**REVISED PRICE SHEET**

<b>COST REIMBURSEMENT LINE ITEMS</b>	<b>BUDGETED AMOUNT</b>
Personnel Services and Employee Related Expenses (ERE)	\$122,074.00
Professional & Outside Services	\$0.00
Professional & Outside Services: Temporary Data Entry Staff @13.97per hour	\$0.00
Travel	\$0.00
Occupancy Expense	\$0.00
Other Operating	\$1.00
Capital Outlay Expenses	\$0.00
Other	\$0.00
<b>TOTAL</b>	<b>\$122,075.00</b>

**NOTE:** "The Contractor is authorized to transfer up to thirty-five percent (35%) or \$50,000, whichever comes first, of the total budget amount between line items. Transfers of funds are only allowed between funded line items and must be in accordance with the CDC AAPPS grant Requirements and receive approval from the ADHS STDCP Epidemiology Program Manager. Transfers exceeding the above mentioned amount shall require an amendment."