



BOARD OF SUPERVISORS AGENDA ITEM REPORT
AWARDS / CONTRACTS / GRANTS

Award Contract Grant

Requested Board Meeting Date: March 18, 2025.

* = Mandatory, information must be provided

or Procurement Director Award:

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

Arizona Family Health Partnership (AFHP) dba Affirm Sexual and Reproductive Health

***Project Title/Description:**

Affirm Sexual and Reproductive Health Family Planning Program Contract

***Purpose:**

Amendment #1 reduces the percentage of unduplicated clients served to receive full payment. The original grant agreement stated that at least 97% of upuplicated clients budgeted would need to be served in order to receive the entire grant award. This amendment reduces that number to 80% of upuplicated clients budgeted in order to receive the whole grant amount.

This Contract provides \$531,250 to serve 4,250 unduplicated clients with family planning services during grant year April 1st, 2024 - March 31st, 2025. Pima County is obligated to provide at least 10% of the donated amount, \$53,125.

***Procurement Method:**

The grant award was reviewed and signed by PCAO.

***Program Goals/Predicted Outcomes:**

The goal of the Title X program is to improve pregnancy planning and spacing, prevent unintended pregnancies through increased awareness of the importance of preconception care, increase access to family planning services, decrease unintended and teen pregnancy rates, and increase screening for sexually transmitted diseases.

***Public Benefit:**

Access to family planning and reproductive health services are essential to reducing the personal and societal costs of unintended pregnancy and sexually transmitted diseases.

***Metrics Available to Measure Performance:**

Metrics for the Title X program include:

- Number of unduplicated clients served;
- Number of appropriate screenings for sexually transmitted diseases; and
- Number of positive screenings on which follow up is done.

***Retroactive:**

Yes. The Amendment was received by Pima County on February 25, 2025. The reduction from 97% to 80% of the planned clients in order to receive full payment is retroactive, as it is cumulative for the year. If not approved, the County may lose out on some grant money if our total number of clients is less than 97% of the planned number.

*6m1 approved
4/18/25
KK Kelly for
4/18/25*

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): 69993
Commencement Date: 04/01/2024 Termination Date: 03/31/2025 Amendment Number: 01
 Match Amount: \$ _____ Revenue Amount: \$ 0.00

*All Funding Source(s) required: Title X of the Public Health Service Act (federal funding from the Dept. of Health and Human Services via Affirm

*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)?
Federal funds are received via Affirm

Contact: Sharon Grant

Department: Health

Telephone: 724-7842

Department Director Signature: _____

Date: 2-26-25

Deputy County Administrator Signature: _____

Date: 2-28-2025

County Administrator Signature: _____

Date: 3/1/2025

**FIRST AMENDMENT TO THE AFFIRM SEXUAL AND REPRODUCTIVE HEALTH
FAMILY PLANNING PROGRAM CONTRACT**

This FIRST AMENDMENT TO THE AFFIRM SEXUAL AND REPRODUCTIVE HEALTH FAMILY PLANNING PROGRAM CONTRACT dated as set forth in the signature block below (this “*Amendment*”), amends that certain Affirm Sexual and Reproductive Health Family Planning Program Contract (the “*Contract*”) dated **July 18, 2024**, and entered into between the Arizona Family Health Partnership dba Affirm Sexual and Reproductive Health, an Arizona not-for-profit corporation (“*Affirm*”), and **Pima County Health Department** (the “*Contractor*”). Affirm or the Contractor may be referred to individually as the “*Party*” or collectively the “*Parties*”.

Any capitalized terms not defined in this Amendment have the same meaning attributed to them in the Contract.

RECITALS

WHEREAS, Affirm has funding that would allow it to expand the terms of the Contract and the Parties desire to amend the Contract as described in this Amendment.

AGREEMENT

NOW THEREFORE, in consideration of the mutual promises and covenants herein and intending to be legally bound thereby, Affirm and the Contractor agree as follows:

1. Amendment to Section 2.1.1 Reduction of Reimbursement Award. Section 2.1.1 of the Contract is amended to read as follows:

If Contractor provides Family Planning Services for less than 100%, but at least 80% of the unduplicated clients anticipated in the Affirm Agency Health Center Report, the Contractor will earn the full Reimbursement Award, provided that the Contractor Contribution are expended in full and that the Contractor’s total Title X family planning revenue equals the total cost of providing the Family Planning Services. If the Contractor serves less than 80% of the unduplicated clients anticipated in the Affirm Agency Health Center Report, the base Reimbursement will be reduced by **\$125** for each client below the 80% threshold.

2. Execution. This Amendment will not be effective until it has been approved as required by the governing bodies of the Parties and signed by the persons having executory powers for the Parties. This Amendment may be executed in two or more identical counterparts, by manual or electronic signature.

[Signatures to follow on next page]

[Remainder of page intentionally left blank]

IN WITNESS WHEREOF, the Parties have each caused an authorized representative to execute and deliver this Amendment on the Date provided below.

CONTRACTOR:

AFFIRM:

Signature

Signature

Chair, Board of Supervisors

Brenda L. Thomas, MPA

Pima County

Chief Executive Officer

86-6000543
Contractor ID Number (EIN)

Affirm

DUNS#: 144733792

Date

DUNS Registered Name: Pima County

SAM#: U8XUY58VDQS3

Date

Please see following page for additional signatures.

PIMA COUNTY

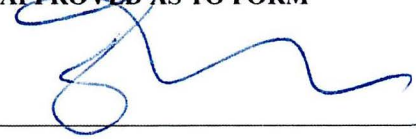
Clerk, Board of Supervisors

APPROVED AS TO CONTENT



Health Department Director

APPROVED AS TO FORM



Deputy County Attorney
Jonathan Pinkney