

BOARD OF SUPERVISORS AGENDA ITEM REPORT CONTRACTS / AWARDS / GRANTS

Requested Board Meeting Date: November 22, 2016

or Procurement Director Award

Contractor/Vendor Name (DBA): University of Arizona

Project Title/Description:

University of Arizona Nutrition Network/Supplemental Nutrition Assistance Education Program (UANN SNAP-Ed)

Purpose:

The Health Department will provide policy coordination and liaise with the University of Arizona to assist with implementation of SNAP-Ed initiatives in Pima County, including nutrition education and policy systems / environmental strategies that promote healthy eating and physical activity. This agreement extends funding for a second year.

Procurement Method:

Not applicable - grant

Program Goals/Predicted Outcomes:

- 1. To establish healthy eating habits and a physically active lifestyle for SNAP-Ed participants
- 2. To prevent or postpone the onset of diseases for SNAP-Ed participants who have risk factors for nutrition-related chronic diseases

Public Benefit:

Reduction in chronic diseases in Pima County Reduction in the duplication of services provided to SNAP-Ed participants Increase in community collaboration

Metrics Available to Measure Performance:

- 1. Number of hours worked on project
- 2. Number of meetings held with site leaders and managers
- 3. Number of meetings held with community partners
- 4. Percent of communities reached

Retroactive:

Yes. This amendment takes effect October 1, 2016. It was received from the University on October 27, 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 Gen	eral Fund:						
Contract is fully or partially	funded with Federal Funds?	☐ Yes ☐ No ☐ Not Applicable to Grant Awards					
Were insurance or indemr	nity clauses modified?	☐ Yes ☐ No ☐ Not Applicable to Grant Awards					
Vendor is using a Social S	Security Number?	☐ Yes ☐ No ☐ Not Applicable to Grant Awards					
If Yes, attach the required	form per Administrative Proced	lure 22-73.					
Amendment Information	<u>-</u>						
Document Type: GTAM	Department Code: HD	Contract Number (i.e.,15-123): 17-22					
Amendment No.: One		AMS Version No.: One					
Effective Date: 10/01/2016		New Termination Date: 09/30/2017					
□ Expense	☐ Increase ☐ Decrease	Amount This Amendment: \$31,847.44					
Funding Source(s): USDA	(federal) via the University of A	rizona					
Cost to Pima County Gene	eral Fund: \$0.00						
Contact: Sharon Grant							
Department: Health		Telephone: 724-7842					
Department Director Signa	ture/Date:	31 Det 0016					
Deputy County Administrat	tor Signature/Date:	Jan 11-3-2016					
	County Administrator Signature/Date: Provide 1944						
(Required for Board Agenda/Add	lendum Items)						
		/					

Rese	arch Sub	award Agre	ement			
_	Amen	dment				
Pass-through Entity (PTE)	Subrecipient					
PTE Arizona Board of Regents, The University of	Subrecipient Pima County H	ealth Department				
Address 888 N. Euclid Avenue, Rm. 515		Address	Club Rd., Suite #100			
City, State, Zip+4 (Country): Tucson AZ 85721			•	<u> </u>		
PTE Principal Investigator (PI):		City, State, Zip+ Tucson, AZ 8571		DIV-		
Scottie Misner	1 1	Subrecipient Principal Investigator (PI): Francisco Garcia				
PTE Federal Award No: ADHS16-106455	FAIN:		Federal Awardi United States D	ng Agency: epartment of Agriculture		
Project Title: FFY 16 AzNN SNAP-Ed						
Subaward Period of Performance:	Amount Fu					
Start Date: Oct 1, 2015 End Date: Sep 30, 2017		\$ 31,847.44	1	322467		
Effective Date of Amendment: Oct 1, 2016	Total Amount Funds Obliga		\$ 62,159.80 Subject to FFATA Yes or N			
Amendme This Amendment revises th	ent(s) to Orig e above-refer	inal Terms and C enced Research S	onditions Subaward Agreement	t as follows:		
Action:	·		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
This Amendment provides the following chan	ge according	g to the mutual a	greement of both p	parties to this Subaward.		
The Period of Performance is extended with a	a new termin	ation date of Se	ptember 30, 2017.			
There is no Automatic Carryforward on this st funds from the prior project year.	ubcontract.	A future Modifica	ation will be issued	deobilgating any unspent		
The Amount of Funding (not to exceed) for Pr (see Attachment No.1). The Scope of Work d	roject Year 2 uring this ex	is increased by tended period sh	\$31,847.44 from \$ nall remain unchan	30,312.36 to \$62,159.80 ged.		
Research Subaward Agreement – Attachment following attached amendments to the Prime	it No. 2 - Prii Award (See	me Award Terms Attachment No.	and Conditions is 2 to this Amendme	revised to include the ent).		
Research Subaward Agreement – Attachment No. 3A – Pass-through Entity (PTE) Contacts has been revised (see Attachment No. 3A to this Amendment).						
All other provisions of this Subaward remain ι	ınchanged.					
		REVIEWED 61	1 /no			
		Appointing Au	ithérity or Designes Health Department			
			31 Oct 20	016		
All other terms and conditions o	f this Subav	vard Agreemen	t remain in full for	ce and effect.		
By an Authorized Official of Pass-through Ent	By an Authorized Official of Pass-through Entity: By an Authorized Official of Subrecipient:					
	Det	_		<u> </u>		
Name	Date	Name		Date		
Title APPROVED AS TO FORM:		Title		FDP Version 1.29.2016		
Deputy County Attorney						

Attachment 1 FDP Subaward Amendment

Budget

Pima County Health Department SNAP-Ed Budget Year 2

<u>Salary</u>	Hourly Rate	# Hours		<u>Total</u>
Mary Kinkade	\$ 23.0769	1,040.00	\$	23,999.98
<u>Benefits</u>	% of Salary	% x Salary		
Social Security/WC/SUTA	6.20%	\$ 1,488.00		
Medicare	1.45%	\$ 348.00		
ASRS long-term disability	0.14%	\$ 33.60		
ASRS retirement	11.34%	\$ 2,721.60		
Health insurance	9.63%	\$ 2,311.97		
Life insurance	0.07%	\$ 17.55		
HSA	2.08%	\$ 500.00		
Total benefits	30.92%		\$	7,420.72
Lodging	2 nights @ \$109/night	\$ 218.00		
Mileage	250 miles @ \$0.445/miles	\$ 111.25		
Per Diem	2.5 days @ \$39/day	\$ 97.50		
Total Travel			\$	426.75
Total Budget			\$3	31,847.44
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Attachment 2 FDP Subaward Amendment

Prime Award Modification No. 0001



ARIZONA STATE CONTRACT CONTRACT RELEASE

ProcureAZ Purchase Order No.: ADHS16-106455:3 Organizational Reference No.: PO0000160947

Issued: 10/04/2016

V Vendor Number: 000005401
E University of Arizona (Grants & Contracts)
N PO Box 210158 Rm 510
Tucson, AZ 85721-0158
O
R

Contract No.: ADHS16-106455 Title: U of A FFY 17 AZNN Services

S ~ − ₽	Arizona Department of Health Services Bureau of Nutrition and Physical Activity 150 N. 18th Avenue, Suite 310 Phoenix, AZ 85007 US Email: procure@azdhs.gov
TO	(800) 252-5942
BILL TO	MAIL INVOICE IN DUPLICATE TO: Arizona Department of Health Services AP Services 150 N 18th Avenue, Ste 280 Phoenix, AZ 85007 US Email: INVOICES@azdhs.gov
	(602) 542-6354

Release Instructions

TERMS AND CONDITIONS set forth in our Bid, Quotation, or Purchase Order are incorporated herein by reference and become a part of this order.

Account Code: 2017—OTHCFH4251—4461—HS4500HS25000-6841PHS-NPA- NTUEDU—0918HSA		Payment Terms: TBD Shipping Terms: TBD Delivery Calendar Day(s) A.R.O.: 0				
Item	Description	Requisition	Quantity	Unit	Unit Price	Total
1	Class-Item 952-26 FFY 2017 AZNN Services		1.00	TOTAL	\$ 5,567,389.00	\$ 5,567,389.00

TOTAL:

\$ 5,567,389.00

Approved By: America Coles

Phone No.: (602) 542-2878

Attachment 3A

Research Subaward Agreement

Subaward	Number:		
		_	
322467			

Pass-through Entity (PTE) Contacts

Pass-th	rough Entity (PTE)				
Name:	Arizona Board of Regents on behalf of the University of A	\rizona			
Address:	University Services Building				
	888 N Euclid Avenue, Room 515		·		
City:	Tucson		State: AZ	Zip Code:	85719 Zip Code <u>Look-Up</u>
PTE Adr	ninistrative Contact				
Name: Br	andi M. Gaulin				
Address:	Sponsored Project Services, 888 North Euclid Avenue, Roo	om 510			
City: Tucs	on		State: AZ	—— Zip	Code: 85719
Telephone	: 520-626-8978	E-mail	: brandig@email.arizona.edu		
PTE Prin	cipal Investigator (PI)	 ,			
Name: Sc	ottie Misner				
Address:	Shantz Building, 1177 E 4th Street, Room 309		N		
City: Tucso	on	-	State: AZ	Zip Code	e: 85721
Telephone	: 520-621-7123	– E-mail:	misner@email.arizona.edu		
PTE Fina	ncial Contact				
Name: Joa	aquin Murphy				
Address: S	Shantz Building, 1177 E 4th Street, Room 430				
City: Tucso	n		State: AZ	Zip (Code: 85721
Telephone	520-626-1971	E-mai	l: joaquinmurphy@email.arizor	a.edu	
	roices preferred? 💢 Yes or 🦳 No				
	nail (if different to financial contact):				
ir invoices s	hould not be e-mailed: send invoices to address above?	Yes	or No If no, enter addre	ss below.	
Invoice Add Financial Co	dress (if different to ontact):				
PTE Auth	orized Official				
Name:			<u> </u>		
Address: C	ontract & Research Support Program				
88	38 N Euclid Avenue, Room 515				
City: Tucsor	1		State: AZ	Zip C	ode: 85719
Telephone:	520-626-3050	E-mail:	CRS-ORD@email.arizona.edu		·
Central E-ma	ail: CRS-ORD@email.arizona.edu				