



## **BOARD OF SUPERVISORS AGENDA ITEM REPORT**

### **CONTRACTS / AWARDS / GRANTS**

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: May 18, 2021

\* = Mandatory, information must be provided

or Procurement Director Award ☐

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

Early Childhood Development and Health Board (First Things First)

**\*Project Title/Description:**

The Child Care Health Consultation program provides training to child care providers in Pima County). This grant was accepted as GTAW19\*004.

**\*Purpose:**

Health and safety consultation services to child care centers and child care homes in Pima County.

Amendment #3 extends the term for one year and adds \$470,400 in funding. Indirect costs are budgeted at 10% of direct costs.

**\*Procurement Method:**

Grant is a non-procurement agreement and not subject to procurement rules.

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

This program creates healthier and safer environments for out of home child care, for both typically developing young children and children with special health care needs. Areas of focus include SIDS risk reduction, prevention and control of communicable diseases, immunization, medication administration, oral health promotion, building and physical premises safety and injury prevention, child abuse/neglect identification and prevention, nutrition and physical activity interventions to reduce obesity in young children, sensory and developmental screening, and referrals for families without access to health care or in need of other health-related services.

**\*Public Benefit:**

More than 45,000 children ages 0-5 in Pima County regularly require child care while their parent(s), grandparents or foster parents go to work or school or need respite. With large numbers of young children in non-parental care, children's health and safety out-of-home is an essential component of supporting their physical, cognitive and social-emotional development. This contract supports Pima County Public Health Nurses and a Dietitian specifically prepared as Child Care Health Consultants to provide information, training, and technical assistance to guide child care programs in creating healthy and safe environments, as well as preparing child care staff to provide hearing, vision, and developmental screening for the children in their care. With healthy young children in quality child care, parents miss less work or school and children enter the school system ready to learn.

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

1. Numbers of child care visits, trainings and participant numbers; 2. Changes in knowledge, behavior and status for health and safety-related topics (such as injury prevention, communicable disease, physical activity, and nutrition) are measured every 90 days throughout the consultation process; 3. Annual evaluations of health and safety criteria are observed by outside evaluators hired by First Things First; 4. Annual use of the California Childcare Health Program Health and Safety Checklist as required by First Things First; and 5. Annual Immunization Data Reports submitted by licensed child care programs to Pima County Health Department's Vaccine Preventable Disease program. Performance measurements are used to refocus consultation or select additional consultation strategies.

**\*Retroactive:**

No.

*GMM Approved 5/12/2020*  
Revised 5/2020

*GTAM 21\*093*

*HD*

*1 copy*

*5-18-2021*

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**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 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): 21-093  
 Commencement Date: 07/01/2021 Termination Date: 06/30/2022 Amendment Number: 03  
☐ Match Amount: \$ \_\_\_\_\_ ☒ Revenue Amount: \$ 470,400.00

**\*All Funding Source(s) required:** First Things First (State tobacco tax revenues)

\*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)?**


Contact: Sharon Grant

Department: Health Telephone: 724-7842

Department Director Signature/Date: [Signature] 05/07/21

Deputy County Administrator Signature/Date: [Signature] 10 May 2021

County Administrator Signature/Date: C. [Signature] 5/18/21  
 (Required for Board Agenda/Addendum Items)

 <b>FIRST THINGS FIRST</b>	<b>Grant Renewal Amendment #3</b>	Early Childhood Development and Health Board (First Things First) 4000 North Central Avenue, Suite 800 Phoenix, Arizona 85012 (602) 771-5100
	<b>Grant Renewal/2022 Grant Award</b> GRA-STATE-19-0973-01-Y4 Pima North, Pima South, Tohono O'odham Nation Regional Partnership Council QF Child Care Health Consultation	

CONTRACTOR:  
**Pima County Health Department**

PURPOSE OF AMENDMENT:

1. Pursuant to the Special Terms and Conditions, Contract Renewal, for the above referenced grant award, the State of Arizona hereby exercises its sole option to renew the grant award number referenced above. The renewal award period is **July 1, 2021** through **June 30, 2022**.
2. Total award amount for the grant period is \$470,400
3. Contracted Service Units:  
 Lead Strategy: QF Child Care Health Consultation  
 Number of center based providers served: 152 (Pima North: 104 Centers, Pima South: 40 Centers, Tohono O'odham: 8 Centers)  
 Number of home based providers served: 58 (Pima North: 23 Homes, Pima South: 35 Homes)  
 Number of Non-QF Centers: 0  
 Number of Non-QF Homes: 0
4. The grantee is responsible for all updated Standards of Practice located in the First Things First Partner and Grant Management System (PGMS) under Grantee Resources/Standards of Practice.
5. All other terms and conditions remain unchanged and are according to the original award documents, clarification documents and renewal submission documents.

**Please see following page for signatures.**

 <b>FIRST THINGS FIRST</b>	<b>Grant Renewal Amendment #3</b>	<b>Early Childhood Development and Health Board</b> (First Things First) 4000 North Central Avenue, Suite 800 Phoenix, Arizona 85012 (602) 771-5100
	<b>Grant Renewal/2022 Grant Award</b> GRA-STATE-19-0973-01-Y4 Pima North, Pima South, Tohono O'odham Nation Regional Partnership Council QF Child Care Health Consultation	
Contractor hereby acknowledges receipt and understanding of the contract amendment  <hr/> Signature  <hr/> Sharon Bronson Name  <hr/> Chair, Board of Supervisors Title  <hr/> Date		The above referenced amendment is hereby executed effective July 1, 2021 once signed and dated below:  <hr/> Josh Allen CFO/COO  <hr/> Date

**PIMA COUNTY**

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Clerk, Board of Supervisors

**APPROVED AS TO FORM**


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Deputy County Attorney

**APPROVED AS TO CONTENT**


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Health Department Representative

## Line-Item Budget and Budget Narrative

### SFY22 Line-Item Budget

Budget period: July 1, 2021 – June 30, 2022

Budget Category	Line Item Description	Requested Funds	Total Cost
PERSONNEL SERVICES		Personnel Services Sub Total	\$268,600
Salaries	.60 Sr Program Manager, 1 CCHC Sr Health Educator, .60 CCHC RD, .50 Program Specialist, 2 CCHC RN		
EMPLOYEE RELATED EXPENSES		Employee Related Expenses Sub Total	\$99,855
Fringe Benefits or Other ERE	.60 Sr Program Manager, 1 CCHC Sr Health Educator, .60 CCHC RD, .50 Program Specialist, 2 CCHC RN		
PROFESSIONAL AND OUTSIDE SERVICES	Professional & Outside Services Sub Total		\$0
Contracted Services			
TRAVEL		Travel Sub Total	\$4,995
In-State Travel	Mileage, motor pool for meetings		
Out-of-State Travel	and conferences/trainings		
AID TO ORGANIZATIONS OR INDIVIDUALS		Aid to Organizations or Individuals Sub Total	\$0
Subgrants or Subcontracts to organizations/agencies/entities			
OTHER OPERATING EXPENSES		Other Operating Expenses Sub Total	\$54,186
<ul style="list-style-type: none"><li>• Telephones/Communications Services</li><li>• Internet Access</li><li>• General Office Supplies</li><li>• Food</li><li>• Rent/Occupancy</li><li>• Utilities</li><li>• Furniture</li><li>• Postage</li><li>• Software (including IT supplies)</li><li>• Dues/Subscriptions</li><li>• Advertising</li><li>• Printing/Copying</li><li>• Equipment Maintenance</li><li>• Professional Development (Staff Training, Conferences, Workshops, Training Fees for Staff)</li><li>• Insurance</li><li>• Program Materials</li><li>• Program Supplies</li><li>• Scholarships</li><li>• Program Incentives</li></ul>	<ul style="list-style-type: none"><li>Cell phones</li><li>Mi-Fi's</li><li>Office supplies</li><li></li><li>Program Postage</li><li></li><li>Professional Memberships/books</li><li>Professional Development</li><li></li><li>Program Printing Cost</li><li></li><li></li><li></li><li>Material for Trainings</li><li>Supplies Program Implementation</li><li></li><li>Incentives for Child Care Programs</li></ul>	<ul style="list-style-type: none"><li>\$3,600</li><li>\$2,400</li><li>\$5,000</li><li></li><li></li><li>\$2,400</li><li></li><li>\$6,500</li><li>\$8,676</li><li></li><li>\$5,000</li><li></li><li></li><li></li><li>\$6,000</li><li>\$4,604</li><li></li><li>\$10,006</li></ul>	
NON-CAPITAL EQUIPMENT		NON-CAPITAL EQUIPMENT	\$0
Equipment \$4,999 or less in value			
Subtotal Direct Program Costs:			\$427,636
ADMINISTRATIVE/INDIRECT COSTS		Total Admin/Indirect	\$42,764
Indirect/Admin Costs	10% of Direct Costs	\$	\$
Total		\$	470,400

Authorized Signature  Date 05/12/21

## SFY22 Budget Narrative

The budget narrative should provide a clear and concise description of how amounts were determined, including calculations, for each proposed line item in the Line-Item Budget. If a budget category does not apply, either leave blank or delete the category.

**Personnel Services:** Include information such as position title(s), name of employee (if known), salary, time to be spent on this program (hours or %), number of months assigned to this program, etc. Explain how the salary rate for each position was determined. If salaries are expected to increase during the program year, indicate the percentage increases for each position and justify the percent of the salary increase.

Description	Number	Unit	Rate	Total
1 Program Manager Sr, CCHC-V.Altamirano (.6 FTE)	1245	Hour	\$30.32	\$37,748
1 CCHC RD-D. Hiratsuka (.6 FTE)	1248	Hour	\$24.22	\$30,227
1 CCHC RN-Athene Archer (1 FTE)	2080	Hour	\$34.18	\$71,094
1 CCHC RN-Vacant (1 FTE)	2080	Hour	\$34.18	\$71,094
1 CCHC-Sr. Health Educator-C. Gonzales (1 FTE)	2080	Hour	\$18.73	\$38,958
1 Program Specialist-K. Flores (.50 FTE)	1040	Hour	\$18.73	\$19,479
<b>Personnel Salary Total</b>				<b>\$268,600</b>

**Employee Related Expenses:** Include a benefit percentage and what expenses make up employee benefit costs. Indicate any special rates for part-time employees, if applicable. Explain how the benefits for each position were determined. If using a fringe benefit rate, explain how this percentage is justified or approved by your agency/organization.

Description	Number	Unit	Rate	Total
1 Program Manager Sr, CCHC-V.Altamirano (.60 FTE)	1245	Hour	Actual cost	\$13,695
1 CCHC RD-D. Hiratsuka (.6 FTE)	1248	Hour	Actual cost	\$20,386
1 CCHC RN-Athene Archer (1 FTE)	2080	Hour	33% salary	\$23,461
1 CCHC RN-Vacant (1 FTE)	2080	Hour	33% salary	\$23,461
1 CCHC-Sr. Health Educator-C. Gonzales (1 FTE)	2080	Hour	Actual cost	\$12,077
1 Program Specialist-K. Flores (.50 FTE)	1040	Hour	Actual cost	\$6,775
<b>ERE and Fringe Benefit Total</b>				<b>\$99,855</b>

**Professional and Outside Services:** If professional consultants/services costs are proposed in the budget, define how the costs for these services were determined and the justification for the services related to the program. Explain how all contracts will be procured.

N/A

**Travel:** Separate in-state and out-of-state travel. Include a detailed breakdown of hotel, transportation, meal costs, etc. Indicate the location(s) of travel, the justification for travel, how many employees will attend and how the estimates have been determined. Applicants **must** use the State of Arizona Travel Policy on rates limitations for mileage, lodging, and meals (<https://gao.az.gov/travel/welcome-gao-travel>) for both in-state and out-of-state travel.

Description	Number	Unit	Rate	Total
Local Mileage (Reimbursement)	9,000	Miles	\$.445	\$4,005
Motor Pool	18	Daily charge	\$55	\$990
<b>Local and Training Travel Total</b>				<b>\$4,995</b>

**Aid to Organizations or Individuals:** In the event that this application represents collaboration and you will be utilizing subcontractors (including subgrantees) to perform various components of the program, include a list of subcontractors, programmatic work each subcontractor will perform, and how costs for each subcontractor are determined.

N/A

**Other Operating Expenses:** Explain each item to be purchased, how the costs were determined and justify the need for the items. All purchases should be made through competitive bid or using established purchasing procedures. Items can only be categorized in the following line items: Telephones /Communications Services, Internet Access, General Office Supplies, Food, Rent/Occupancy, Utilities, Furniture, Postage, Software (including IT supplies), Dues/Subscriptions, Advertising, Printing/Copying, Equipment Maintenance, Professional Development (Staff Training, Conferences, Workshops, and Training Fees for Staff), Insurance, Program Materials, Program Supplies, Scholarships, and Program Incentives.

Telephones, Computers & Communications Services				
Description	Number	Unit	Rate	Total
Internet Access-4 Mi-Fi	12	Monthly Service	\$50	\$2,400
Cell Phone Service 6 staff	12	Monthly Service	\$50	\$3,600
Postage & Freight	12	Monthly Service	\$200	\$2,400
Printing	1	Annual	Varies	\$5,000
<b>Sub-total Communications</b>				<b>\$13,400</b>
General Office Supplies & Equipment				
Description	Number	Unit	Rate	Total
General Office Supplies	1	Annual Supply	\$5,000	\$5,000
Books, Videos & Other Training Materials	5	Annual Staff Allowance	\$500	\$2,500
Dues/Subscriptions/Memberships	4	Annually	\$1,000	\$4,000
Program Supplies	1	Annually	\$4,604	\$4,604
Program Materials	1	Annually	\$6,000	\$6,000
Professional Development: APHA 2021 (virtual)	6	Annually	\$891	\$5,346
FTF Summit 2021 (virtual)	6		\$55	\$330
Misc throughout the year				\$3,000
Incentives for Child Care Programs and Outreach	1	Annually	\$10,006	\$10,006
<b>Sub-total for General Office Supplies &amp; Equipment</b>				<b>\$40,786</b>
<b>Grand Total for Other Operating Expenses</b>				<b>\$54,186</b>

**Non-Capital Equipment:** For items with a unit cost less than \$5,000 and an initial estimated useful life beyond a single year, explain each item to be purchased, how the costs were determined and justify the need for the items. All purchases should be made through competitive bid or using established purchasing procedures. For example, items such as computers, printers, projectors, etc. each with a unit cost less than \$5,000.

N/A

**Administrative/Indirect Costs:** Administrative costs are general or centralized expenses of overall administration of an agency/organization that receives grant funds and does not include particular program costs. Such costs are generally identified with the agency/organization's overall operation and are further described in 2 CFR 220, 2 CFR 225, and 2 CFR 230.

Description	Number	Calculation	Rate	Total
Administrative/Indirect	\$427,636	10% of direct costs	10%	\$42,764
<b>Administrative/Indirect Cost Total</b>				<b>\$42,764</b>

*Indirect costs are costs of an organization that are not readily assignable to a particular program, but are necessary to the operation of the organization and the performance of the program. The cost of operating and maintaining facilities, depreciation, and administrative salaries are examples of the types of costs that are usually treated as indirect.*

**Applicants must list either Option A or Option B and provide proper justification for expenses included:**

**X Option A - Administrative Costs:** *with proper justification, applicants may include an allocation for administrative costs for up to 10% of the total direct costs requested of the grant request. Administrative costs may include allocable direct charges for: costs of financial, accounting, auditing, contracting or general legal services; costs of internal evaluation, including overall management improvement costs; and costs of general liability insurance that protects the agency/organization(s) responsible for operating a program, other than insurance costs solely attributable to the program. Administrative costs may also include that portion of salaries and benefits of the program's director and other administrative staff not attributable to the time spent in support of a specific program.*

**OR**

☐ **Option B - Federally Approved Indirect Costs:** *If your agency/organization has a federally approved indirect cost rate agreement in place, applicants may include an allocation for indirect costs for up to 10% of the direct costs. Applicants must provide a copy of their federally approved indirect cost rate agreement.*

Authorized Signature  Date 05/12/21



# FIRST THINGS FIRST

## Program Personnel Table

Key Personnel - those individuals directly responsible for program implementation/services and are fully or partially funded through the proposed program.				
Name/ Position Title	Background/Expertise* Must include qualifications that align with the Standards of Practice (SOP)	Key Roles and Responsibilities	Meets the SOP Staffing Qualifications Yes/No**	FTEs funded through the program
Victoria Altamirano, M.Ed Program, Manager, Sr	More than 20 years of experience working in the public health field. Management experience in Public Health exceeds 15 years. Education includes a Masters in Degree in Education and Bachelor's Degree in Management	The Program Manager SR provides administrative leadership and oversight of the Maternal/Child Health Programs within the Community Health Services Division. This position provides direct managerial oversight of the Child Care Health Consultant FTF grant	YES	.60
Diane Hiratsuka, MS, RD Registered Dietitian CCHC	Provides health and safety consultation in child care programs for 13 years	Provides assessment, consultation, referral and training to Quality First-enrolled programs	YES	.60
Camille Gonzalez, MPH, Sr. Health Educator, CCHC	Provides health and safety consultation in child care programs	Provides assessment, consultation, referral and training to Quality First-enrolled programs	YES	1
Vacant, BSN, CCHC		Provides assessment, consultation, referral and training to Quality First-enrolled programs	YES	1
Vacant, BSN, CCHC		Provides assessment, consultation, referral and training to Quality First-enrolled programs	YES	1
Kristin Flores, Program Services Specialist	Administrative and outreach support to the Maternal Child Section of the Health Department	Provide administrative and outreach support to program and program staff. Coordinates support activities such as purchasing and program specific functions		.50
Additional Personnel - those individuals partially funded through the proposed program but who do not directly implement or have direct program oversight of the program.				
Program Total:				4.70

\* Resumes and/or job descriptions for key personnel may be requested at any time but unless otherwise indicated, they do not need to be submitted.

\*\* By signing this document, I assure that all key personnel meet the Personnel/Staff Qualifications outlined in the FTF Standards of Practice or if any personnel do not meet the Staff Qualification standards, they have been approved through the FTF Request for Exemption from Staff Qualification process prior to hire.

Victoria Altamirano Program Manager, Sr  
Name/Title

4/28/2021  
Date