



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

Award Contract Grant

Requested Board Meeting Date: March 20, 2018

* = Mandatory, information must be provided

or Procurement Director Award

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

The Arizona Department of Health Services

***Project Title/Description:**

Health Start

***Purpose:**

Health Start provides community (lay) health workers to conduct outreach to and enroll high-risk pregnant women and families into the program. Families are followed until the program child turns two years of age. Under the supervision of a Public Health Nurse, the Community Health Workers provide basic prenatal, postpartum and parenting information and screen for alcohol, tobacco and other substance use, perinatal depression, relationship issues, child growth and development and home/environment safety hazards.

Amendment #2 extends the term of the grant for an additional year, to June 30, 2019, and adds language prohibiting a boycott of Israel.

***Procurement Method:**

N/A - grant award

***Program Goals/Predicted Outcomes:**

1) Increase prenatal care services to pregnant women; 2) Reduce the incidence of infants who at birth weigh less than one thousand five hundred grams (1,500 grams, 3 lbs 4 oz) and who require more than seventy-two hours of neonatal intensive care; 3) Reduce the incidence of children affected by childhood diseases; 4) Increase the number of children receiving age appropriate immunizations by two years of age; and 5) Increase awareness through education on the importance of good nutritional habits to improve the overall health of their children; the need for developmental assessments to promote the early identification of learning disabilities, physical handicaps or behavioral health needs; the benefits of preventative health care; and the need for screening examinations such as hearing and vision.

***Public Benefit:**

The program increases the number of high-risk pregnant women who have healthy pregnancies and babies. It is estimated that for every dollar spent on preventing poor pregnancy outcomes, \$5 is saved.

***Metrics Available to Measure Performance:**

1) Number of enrolled women that receive early and regular prenatal care; 2) number of low birth weight and very low birth weight infants born to enrolled clients; 3) gestational age of infants born to enrolled women; and 4) immunization status of enrolled children.

***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): 18-32

Effective Date: upon signature Termination Date: 06/30/2019 Amendment Number: 02

Match Amount: \$ _____ Revenue Amount: \$ _____

***All Funding Source(s) required:** Arizona State Lottery Funds (Proposition 203)

***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: Paula S. Hangel 07 February 2018

Deputy County Administrator Signature/Date: [Signature] 3-6-2018

County Administrator Signature/Date: C. [Signature] 3/6/18

(Required for Board Agenda/Addendum Items)



CONTRACT AMENDMENT

ARIZONA DEPARTMENT OF HEALTH SERVICES
150 North 18th Avenue, Suite 260
Phoenix, Arizona 85007
(602) 542-1741 Fax

Contract No: ADHS15-096694

Amendment No: 2

Procurement Officer:
Gina Crocker

Health Start Program

Effective upon signature of all parties, it is mutually agreed that the Contract referenced is amended as follows:

1. Pursuant to Special Terms and Conditions, Provision Five (5), Contract Changes (5 Year Maximum), Item 5.1 Amendments; the Contract is hereby extended through **June 30, 2019, the fourth year of the contract.**
2. Provision Thirteen (13), is hereby added to read as follows:
 13. Contracting; Procurement; Investment; Prohibitions
 - 13.1 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.
 - 13.2 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.
 - 13.3 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.

REVIEWED BY:

Ruth Stankel
Appointing Authority or Designee
Pima County Health Department

All other provisions shall remain in their entirety.

Contractor hereby acknowledges receipt and acceptance of above amendment and that a signed copy must be filed with the Procurement Office before the effective date.

The above referenced Contract Amendment is hereby executed this _____ day of _____, 2018 at Phoenix, Arizona

Signature / Date

Authorized Signatory's Name and Title:

Procurement Officer

Contractor's Name:

Pima County Health Department

APPROVED AS TO FORM:

Paula Duena

Deputy County Attorney