



BOARD OF SUPERVISORS AGENDA ITEM REPORT  
AWARDS / CONTRACTS / GRANTS

Award  Contract  Grant

Requested Board Meeting Date: January 7, 2025

\* = Mandatory, information must be provided

or Procurement Director Award:

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

Department of Health and Human Services, Centers for Disease Control and Prevention (CDC)

**\*Project Title/Description:**

PimaREACH Coalition: Restoring Cultures of Health Among Native American and Hispanic/Latinx Communities in Pima County, Arizona.

**\*Purpose:**

At the request of Pima County Health Department, Amendment #3 changed the grant budget for the first year. Personnel costs decreased by \$135,580, Supplies decreased by \$5,488, Travel increased by \$2,068, Other increased from \$0 to \$40,000 and Contractual costs increased by \$115,165. These changes resulted in a decrease in Indirect Costs of \$16,165 due to limitations on indirect costs on Contractual. There was no change in the budget total amount during the budget period.

**\*Procurement Method:**

This grant amendment is a non-Procurement contract and not subject to Procurement rules. The grant amendment was reviewed by PCAO.

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

REACH aims to improve health, prevent chronic diseases, and reduce health disparities among the Pima County population at the highest risk/burden of chronic diseases including hypertension, heart disease, Type 2 diabetes, and obesity. The program addresses food and nutrition security, safe and accessible physical activity and nutrition and physical activity in early care and education settings.

**\*Public Benefit:**

The REACH program benefits target communities by reducing the risk of chronic disease and decreasing health disparities.

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

The work plan submitted as part of the proposal includes outcome measures such as number of community support actions, number trained tribal and Latino community spokespersons, materials distributed to community-based organizations and other partners, and number of partnerships formed.

**\*Retroactive:**

Yes. This amendment is dated 03/06/2024. The amendment needs to be accepted so that the budget can change and expenses can be paid.

*GM I approved  
12/18/2024  
KORNE for RK Kelly*

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): 70325

Commencement Date: 03/06/2024 Termination Date: 09/29/2024 Amendment Number: 03

Match Amount: \$ \_\_\_\_\_  Revenue Amount: \$ 0.00

**\*All Funding Source(s) required: U.S. Dept. of Health and Human Services, Centers for Disease Control and Prevention**

\*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)?**

Directly from the Federal government

Contact: Sharon Grant

Department: Health

Telephone: 724-7842

Department Director Signature:  Date: 12-16-24

Deputy County Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

County Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Recipient Information**

- 1. Recipient Name**  
PIMA COUNTY  
3950 S Country Club Rd  
Tucson, AZ 85714-2099  
[NO DATA]
- 2. Congressional District of Recipient**  
07
- 3. Payment System Identifier (ID)**  
1866000543A2
- 4. Employer Identification Number (EIN)**  
866000543
- 5. Data Universal Numbering System (DUNS)**  
144733792
- 6. Recipient's Unique Entity Identifier (UEI)**  
U8XUY58VDQS3
- 7. Project Director or Principal Investigator**  
  
Ms. Kimberly VanPelt  
Deputy Director  
Kimberly.VanPelt@pima.gov  
520-724-7894
- 8. Authorized Official**  
  
Dr. Dorothee Harmon..  
Division Manager/AOR  
dorothee.harmon@pima.gov  
520-576-6067

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Thelma Jackson  
Grants Management Specialist  
koy8@cdc.gov  
770-488-2823

**10. Program Official Contact Information**

Ms. Nicole Elliott  
Program Officer  
CDC DNPAO  
yph3@cdc.gov  
404-498-1625

**Federal Award Information**

- 11. Award Number**  
6 NU58DP007752-01-01
- 12. Unique Federal Award Identification Number (FAIN)**  
NU58DP007752
- 13. Statutory Authority**  
Public Health Service Act, as amended, Section 301(a) and Section 317K, 42 U.S.C. 241(a); 42 U.S.C. 247b-12
- 14. Federal Award Project Title**  
PimaREACH Coalition: Restoring Cultures of Health Among Native American and Hispanic/Latinx Communities in Pima County, Arizona
- 15. Assistance Listing Number**  
93.304
- 16. Assistance Listing Program Title**  
Racial and Ethnic Approaches to Community Health
- 17. Award Action Type**  
Budget Revision
- 18. Is the Award R&D?**  
No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	12/30/2023	<b>- End Date</b>	09/29/2024
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$0.00
20a. Direct Cost Amount			\$16,165.00
20b. Indirect Cost Amount			(\$16,165.00)
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$539,256.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$539,256.00
<b>26. Period of Performance Start Date</b>	12/30/2023	<b>- End Date</b>	09/29/2028
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>			\$539,256.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Ms. Pamela Render  
Grants Management Officer

**30. Remarks**



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU58DP007752-01-01

FAIN# NU58DP007752

Federal Award Date: 03/06/2024

**Recipient Information**

**Recipient Name**

PIMA COUNTY  
3950 S Country Club Rd  
Tucson, AZ 85714-2099  
[NO DATA]

**Congressional District of Recipient**

07

**Payment Account Number and Type**

1866000543A2

**Employer Identification Number (EIN) Data**

866000543

**Universal Numbering System (DUNS)**

144733792

**Recipient's Unique Entity Identifier (UEI)**

U8XUY58VDQS3

**31. Assistance Type**

Cooperative Agreement

**32. Type of Award**

Other

**33. Approved Budget**

(Excludes Direct Assistance)

- I. Financial Assistance from the Federal Awarding Agency Only
- II. Total project costs including grant funds and all other financial participation

<b>a. Salaries and Wages</b>	\$127,223.00
<b>b. Fringe Benefits</b>	\$44,528.00
<b>c. Total Personnel Costs</b>	\$171,751.00
<b>d. Equipment</b>	\$0.00
<b>e. Supplies</b>	\$19,512.00
<b>f. Travel</b>	\$12,068.00
<b>g. Construction</b>	\$0.00
<b>h. Other</b>	\$40,000.00
<b>i. Contractual</b>	\$250,000.00
<b>j. TOTAL DIRECT COSTS</b>	\$493,331.00
<b>k. INDIRECT COSTS</b>	\$45,925.00
<b>l. TOTAL APPROVED BUDGET</b>	\$539,256.00
<b>m. Federal Share</b>	\$539,256.00
<b>n. Non-Federal Share</b>	\$0.00

**34. Accounting Classification Codes**

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
4-9390J8D	24NU58DP007752	DP	410Q	93.304	\$0.00	75-X-0948
4-9390LES	24NU58DP007752	DP	410Q	93.304	\$0.00	75-X-0948

REVIEWED BY:

Appointing Authority or Designee  
Pima County Health Department



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU58DP007752-01-01

FAIN# NU58DP007752

Federal Award Date: 03/06/2024

**Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

# AWARD ATTACHMENTS

PIMA COUNTY

6 NU58DP007752-01-01

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1. Terms and Conditions - Budget Revision

## ADDITIONAL AWARD INFORMATION

**Budget Revision:** The purpose of this amended Notice of Award is to approve the budget revision request submitted by your organization dated February 29, 2024. Funds have been distributed as indicated in the approved budget of this Notice of Award.