



BOARD OF SUPERVISORS AGENDA ITEM REPORT
AWARDS / CONTRACTS / GRANTS

Award Contract Grant

Requested Board Meeting Date: April 4, 2023

or Procurement Director Award:

* = Mandatory, information must be provided

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

Department of Health and Human Services

***Project Title/Description:**

Pima County will use human-centered design to identify and eliminate barriers; increase providers' use of accessibility standards; and promote health literacy among minority populations.

***Purpose:**

Funding from this grant aims to expand existing and/or develop new health literacy strategies to improve healthcare, prevention resources, and health services to improve the health of populations at high risk and those who are underserved in Pima County. The project is being implemented primarily through MHC Healthcare, the federally qualified health center based in Marana, in conjunction with local community-based organizations and consultants.

Amendment #2 provides a six month no-cost extension until December 31, 2023. There are no scope or pricing changes with this amendment.

***Procurement Method:**

This Grant is a non-procurement contract and not subject to Procurement rules.

***Program Goals/Predicted Outcomes:**

Activities funded by this grant focus on implementing a health literacy plan to increase the availability, acceptability, and use of public health information and services by at risk populations. Using evidence-based and culturally / linguistically appropriate services, the health literacy plan helps improve individuals understanding of health recommendations.

Since its award in June 2021, the Advancing Health Literacy grant program has substantially met or exceeded the grant goals in the following key areas: Established both a statewide Health Literacy Learning Collaborative (with Yuma, Gila and Maricopa Counties) and a Pima County Community of Practice (including MHC Healthcare, community-based organizations and the University of Arizona); engaged over 100 patients, practitioners and community members in a collaborative process to create healthcare tailored practitioner trainings, patient goal-setting toolkits and quick-text EHR prompts; and implemented a Culture of Health initiative called SaludArte. However, a no cost extension is being requested to fulfill the remaining project deliverables such as providing health navigation classes and finalizing a "Best Practices in Health Literacy" resource guide.

***Public Benefit:**

The continuation of this grant will allow the Health Department to continue to improve public health strategies for communications, accessibility and service delivery, as well as improve health outcomes for racial and ethnic minority populations and socially vulnerable populations in Pima County.

***Metrics Available to Measure Performance:**

Key performance measures/metrics include: number of evidence-based interventions implemented, number of individuals in each of the priority populations reached by interventions, percentage of target populations that report better communication with their providers and percentage of target populations that feel more involved in decision-making about their own health care.

***Retroactive:**

No.

*Grant approved
(Bel) 3/17/23*

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

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): 23-066
Commencement Date: 07/01/2023 Termination Date: 12/31/2023 Amendment Number: 02

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

*All Funding Source(s) required: Department of Health and Human Services

*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: 3/10/23

Deputy County Administrator Signature: _____ Date: 17 March 2023

County Administrator Signature: _____ Date: 3/20/23



Recipient Information

1. Recipient Name
PIMA COUNTY
3950 S Country Club Rd Ste 100
Tucson, AZ 85714-2226
[NO DATA]

2. Congressional District of Recipient
03

3. Payment System Identifier (ID)
1866000543A1

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
Dr. Theresa Cullen
Theresa.Cullen@pima.gov
520-724-7765

8. Authorized Official
Dr. Donald Gates
Business Operations Manager
Donald.Gates@Pima.gov
520-724-7843

Federal Agency Information
OASH Grants and Acquisitions Management Division

9. Awarding Agency Contact Information
Miss Robin Fuller
Senior Grants Management Specialist
robin.fuller@hhs.gov
240-453-8830

10. Program Official Contact Information
Dr. Caleb Colon
Public Health Analyst
caleb.colon@hhs.gov
301-284-2291

Federal Award Information

11. Award Number
4 CPIMP211275-01-03

12. Unique Federal Award Identification Number (FAIN)
CPIMP211275

13. Statutory Authority
42 U.S.C. § 300u-6, (Section 1707 of the Public Health Service Act)

14. Federal Award Project Title
Pima County will use human-centered design to identify and eliminate barriers; increase providers' use of accessibility standards; and promote health literacy among minority populations.

15. Assistance Listing Number
93.137

16. Assistance Listing Program Title
Community Program to Improve Minority Health

17. Award Action Type
Extension with/without Funds

18. Is the Award R&D?
No

Summary Federal Award Financial Information

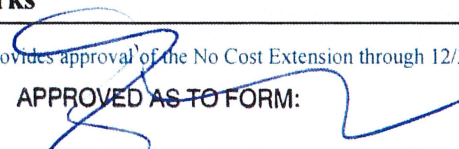
19. Budget Period Start Date	07/01/2021	- End Date	12/31/2023
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$4,000,000.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$4,000,000.00
26. Period of Performance Start Date	07/01/2021	- End Date	12/31/2023
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$4,000,000.00

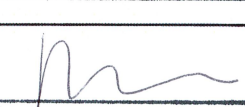
28. Authorized Treatment of Program Income
ADDITIONAL COSTS

29. Grants Management Officer – Signature
Dr. Scott Moore
OASH Grants Management Officer

30. Remarks

This action provides approval of the No Cost Extension through 12/31/23, to be used as stated in the amendment.

APPROVED AS TO FORM:

Deputy County Attorney
Jonathan Pinkney

REVIEWED BY:

Appointing Authority or Designee
Pima County Health Department



Recipient Information
Recipient Name PIMA COUNTY 3950 S Country Club Rd Ste 100 Tucson, AZ 85714-2226 [NO DATA]
Congressional District of Recipient 03
Payment Account Number and Type 1866000543A1
Employer Identification Number (EIN) Data 866000543
Universal Numbering System (DUNS) 144733792
Recipient's Unique Entity Identifier (UEI) U8XUY58VDQS3

31. Assistance Type Project Grant
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	
a. Salaries and Wages	\$522,936.00
b. Fringe Benefits	\$183,028.00
c. Total Personnel Costs	\$705,964.00
d. Equipment	\$0.00
e. Supplies	\$48,900.00
f. Travel	\$12,776.00
g. Construction	\$0.00
h. Other	\$526,166.00
i. Contractual	\$2,553,974.00
j. TOTAL DIRECT COSTS	\$3,847,780.00
k. INDIRECT COSTS	\$152,220.00
l. TOTAL APPROVED BUDGET	\$4,000,000.00
m. Federal Share	\$4,000,000.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-199CVBE	CPIMP1275C5	MPD-52	41.51	93.137	\$0.00	75-2122-0140



35. Terms And Conditions

Performance Progress Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
10/01/2022	12/31/2022	Quarterly	01/30/2023
07/01/2022	09/30/2022	Quarterly	02/24/2023
01/01/2023	03/31/2023	Quarterly	04/30/2023
04/01/2023	06/30/2023	Quarterly	07/30/2023
07/01/2023	09/30/2023	Quarterly	10/30/2023
10/01/2023	12/31/2023	Final	04/29/2024

SPECIAL TERMS AND REQUIREMENTS

1. **Prior Terms, Conditions, and Requirements.** Unless specifically removed, all prior terms, conditions, and requirements under this award remain in effect.

CONTACTS

1. **Grants Administration Assistance.** For assistance on **grants administration** issues please contact: Robin Fuller, Grants Management Specialist, at (240) 453-8830, or e-mail robin.fuller@hhs.gov or mail:

*OASH Grants and Acquisitions Management Division
Department of Health and Human Services
Office of the Secretary
Office of the Assistant Secretary for Health
1101 Wootton Parkway, Rockville, MD 20852.*