

BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / GRANTS

f Award f Contract f Grant	Requested Board Meeting Date: April 5, 2022			
* = Mandatory, information must be provided	or Procurement Director Award:			
*Contractor/Vendor Name/Grantor (DBA):				
Arizona Department of Health Services (ADHS)				
*Project Title/Description:				
ELC COVID-19 Containment				
*Purpose:				
-	by increasing understanding of transmission, effectively identifying, tracking and nd implementing analytic tools that can be used to monitor and manage this and			
Amendment #1 extends the term for one year without a	dding funds and changes the contract number due to a change in ADHS' numberin			

*Procurement Method:

system.

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

*Program Goals/Predicted Outcomes:

In coordination with ADHS, this program will facilitate the containment of SARS-CoV-2 viral transmission and future epidemics or pandemics by enhancing the integrated Pima County COVID-19 surveillance and response system(s). The objectives of this multi-pronged approach are:

- 1. Augment the current laboratory data system;
- 2. Improve the contact tracing process;
- 3. Improve data capture, data sharing and interoperability of data;
- 4. Improve understanding for COVID-19 related decision making; and
- 5. Complete foundational groundwork for effective, long term capacity improvement for detection and response for future outbreaks.

*Public Benefit:

PCHD is committed to ensuring that the integrated local surveillance system is adequate to mitigate the current COVID-19 pandemic and future epidemics/pandemics. Enhancing local infrastructure, coupled with appropriate data solutions including interoperable data sharing, will enable PCHD to mitigate the current transmission rates and provide a long-term solution for addressing epidemics/pandemics.

*Metrics Available to Measure Performance:

Quarterly reports with staffing, internal and partner activities, and systems development will be provided to ADHS. Data containing the number of COVID-19 cases by week, number of investigations and contact tracings conducted will be uploaded to ADHS' system.

*Retroactive:

No.

IMI approved 3-18-22 Jon

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: De	epartment 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? C Yes C N	o If Yes \$			
Contract is fully or partially funded with Federal If Yes, is the Contract to a vendor or subreci		C No		
Were insurance or indemnity clauses modified <i>If Yes, attach Risk's approval.</i>	? CYes	C No		
Vendor is using a Social Security Number? If Yes, attach the required form per Administrative		C No		
Amendment / Revised Award Information				
Document Type: Dep	oartment Code:	Contract Number (i.e., 15-123):		
Amendment No.:		AMS Version No.:		
Commencement Date:		New Termination Date:		
		Prior Contract No. (Synergen/CMS):		
*Funding Source(s) required: Funding from General Fund? Yes C No.	o If Yes \$			
		CATTLEAT		
Grant/Amendment Information (for grants	•	usj		
·· ——	partment Code: <u>HD</u>	Grant Number (i.e., 15-123): <u>22-069</u>		
Commencement Date: <u>07/01/2020</u>	Termination Date			
Match Amount: \$	<u></u>	Revenue Amount: \$		
*All Funding Source(s) required: Center for	<u> Disease Control (CD</u>	OC) Epidemiology and Laboratory Capacity (ELC)		
*Match funding from General Fund? C Ye	s © No If Yes	s\$%		
*Match funding from other sources? Ye *Funding Source:	s (No If Yes	\$\$%		
*If Federal funds are received, is funding co <u>Via ADHS, CTR059175</u>	ming directly from th	ne Federal government or passed through other organization(s)?		
Contact: Sharon Grant				
Department: Health	11	Telephone: <u>724-7842</u>		
epartment Director Signature: // ////		Date: 3/16/22		
eputy County Administrator Signature:	M	Date: 17 M aucuzu222		
ounty Administrator Signature:	Jun	Date: 3/17/2022		



INTERGOVERNMENTAL AGREEMENT (IGA)

Amendment

Contract No.: IGA2021-061

IGA Amendment No.: 1

ARIZONA DEPARTMENT OF **HEALTH SERVICES**

150 18th Ave Suite 530 Phoenix, Arizona 85007

Procurement Officer Karla Varela

COVID-19 Containment

Effective upon signature by all parties and pursuant to the Terms and Conditions, Provision Six (6), Contract Changes, Section 6.1, Amendments, Purchases Orders and Change Orders, it is mutually agreed that the Intergovernmental Agreement referenced is amended as follows under this Amendment One (1):

1.1 The Agree	ement end date is exten	ided to February 28, 20	023; and					
1.2 The Contract number is revised from IGA2021-061 and replaced with CTR059175 due to the Contracts being placed back into the Arizona Procurement Portal.								
	All other prov	isions of this agreemen	t remain unchanged.					
PIMA COUNTY								
Contractor Name:			County Authorized Signature					
3950 South Country Club	Road, Suite 100							
Address:			Print Name					
TUCSON	AZ	85714						
City	State	Zip		Title and Date				
Pursuant to A.R.S. § 11-952, the undersigned public agency attorney has determined that this Intergovernmental Agreement is in proper form and is within the powers and authority granted under the laws of Arizona 3/2/22			This Intergovernmental Agreement Amendment shall be effective the date indicated. The Public Agency is hereby cautioned not to commence any billable work or provide any material, service or construction under this IGA until the IGA has been executed by an authorized ADHS signatory. State of Arizona					
Signature	Date '		Signed this	day of	2022.			
Jonathan Pinkr	ney							
Print Name			Procurement Officer					
Contract No.: IGA2021-061, v been reviewed pursuant to A. who has determined that it is granted under the laws of the	R.S. § 11-952 by the undersig in proper form and is within the	aned Assistant Attorney.						
Signature	Date	<u></u>						
rint Name	Assistant Attorne	ey General						
FIRE MAINS								
			REVIEWED BY:	ull				

Appointing Authority or Designee Pima County Health Department