



BOARD OF SUPERVISORS AGENDA ITEM REPORT
AWARDS / CONTRACTS / GRANTS

Award Contract Grant

Requested Board Meeting Date: November 12, 2024

or Procurement Director Award:

* = Mandatory, information must be provided

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

Arizona Department of Health Services (ADHS)

***Project Title/Description:**

WIC and BFPC Services. This Intergovernmental Agreement (IGA) grant is to provide services for the Women, Infants, and Children (WIC) and the Breastfeeding Peer Counseling (BFPC) programs.

***Purpose:**

Amendment #1 adds funds for FFY2025 in the amount of \$2,210,136.00 with a revised price sheet, assigns a caseload for FFY2025 of 10,300, and revises Exhibit A – 2 CFR 200.332 with a new Federal Award Identification number. The Arizona Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides nutrition education and breastfeeding support services, supplemental nutritious foods, and referrals to health and social services. WIC serves pregnant, breastfeeding, and postpartum women, infants, and children under the age of five who are determined to be at nutritional risk.

***Procurement Method:**

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

***Program Goals/Predicted Outcomes:**

The goal of this program is to improve the health of pregnant, postpartum and breastfeeding mothers, as well as their infants and children up to age five by: 1) providing nutritious foods to supplement the diet of low-income participants; 2) providing breastfeeding education and support to increase the number of babies that are breastfed and to increase the duration of breastfeeding; 3) providing nutrition education; and 4) reducing malnutrition.

***Public Benefit:**

These programs benefit qualifying low income pregnant, postpartum and breastfeeding mothers and their infants and children up to age five in Pima County by improving their nutrition.

***Metrics Available to Measure Performance:**

- Number of WIC clients served
- Number of individuals receiving breastfeeding/peer counseling support

***Retroactive:**

Yes. The period funded by this Agreement begins October 1, 2024 but the final copy of the IGA was not received until September 18, 2024. If not approved, the County would miss out on more than \$2 million to assist low income mothers of young children.

GMT approved
12/25/24

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): 70308
Commencement Date: 10/01/2024 Termination Date: 09/30/2025 Amendment Number: 01
Match Amount: \$ _____ Revenue Amount: \$ 2,210,136.00

*All Funding Source(s) required: Az Dept of Health Services / U.S. Department of Agriculture (USDA)

*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)?
Received through the Arizona Department of Health Services CTR067929

Contact: Sharon Grant

Department: Health

Telephone: 724-7842

Department Director Signature: _____

Date: 10-16-24

Deputy County Administrator Signature: _____

Date: 25 Oct 2024

County Administrator Signature: _____

Date: 11-27-24



**INTERGOVERNMENTAL AGREEMENT (IGA)
Amendment**

ARIZONA DEPARTMENT
OF HEALTH SERVICES
150 18th Ave Suite 530
Phoenix, Arizona 85007

Contract No.:
CTR067929

IGA Amendment No.: One (1)

Procurement Officer
Kailee Gray

PRICE SHEET

October 1, **2024** to September 30, **2025**

Agency Name: Pima County Health Department

Cost Reimbursement Line Item Budget

WIC Services

Federal Award Date: October 1, **2024**

CFDA number and name: 10.557 Special Supplemental Nutrition Program for Women, Infants, and Children

WIC Services Account Classification	Amount
Personnel Expenses	\$1,494,881.00
Employee Related Expenses	\$428,617.00
Professional & Outside Services	\$29,376.00
Travel Expense	\$10,365.00
Occupancy Expenses	\$0.00
Other Operating Expenses	\$45,976.00
Capital Outlay Expenses	\$0.00
Indirect Costs* (10%)	\$200,921.00
Total	\$2,210,136.00

Breastfeeding Peer Counseling Services

Federal Award Date: October 1, **2024**

CFDA number and name: 10.557 Special Supplemental Nutrition Program for Women, Infants, and Children

Breastfeeding Peer Counseling Services Account Classification	Amount
Personnel Expenses	\$78,666.00
Employee Related Expenses	\$7,867.00
Professional & Outside Services	\$450.00
Travel Expense	\$1,651.00
Occupancy Expenses	\$0.00
Other Operating Expenses	\$7,727.00
Capital Outlay Expenses	\$0.00
Indirect Costs* (10%)	\$9,637.00
Total	\$105,998.00

	INTERGOVERNMENTAL AGREEMENT (IGA) Amendment		ARIZONA DEPARTMENT OF HEALTH SERVICES 150 18 th Ave Suite 530 Phoenix, Arizona 85007
	Contract No.: CTR067929	IGA Amendment No.: One (1)	Procurement Officer Kailee Gray

Additional Terms and Conditions:

With prior written approval from the Program Manager, the Contractor is authorized to transfer up to a maximum of ten percent (10%) of the total budget amount between funded line items. Transfers of funds are only allowed between funded line items. Transfers exceeding ten percent (10%) or to a non-funded line item shall require an amendment.

ADHS reserves the right to adjust awards given to local agencies depending on federal dollars received. Adjustments will be at the discretion of ADHS.

***Indicated indirect rate calculation**

Additional WIC Program:

Should additional administrative monies become available through state or federal grants, ADHS may increase the purchase order to increase the number of participants served and increase the total of this contract.

The assigned caseload for FFY **2025** is: **10,300**



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Exhibit A - 2 CFR 200.332

Exhibit - 2 CFR 200.332

§ 200.332

Requirements for pass-through entities. All pass-through entities must:

(a) Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the following information at the time of the subaward and if any of these data elements change, include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the Federal award and subaward.

Prime Awardee:	Arizona Department of Health Services
UEI#	QMWUG1AMYF65
Federal Award Identification (Grant Number):	256AZ008W1003
Subrecipient name (which must match the name associated with its unique entity identifier):	Pima County Health Department
Subrecipient's unique entity identifier (DUNS #):	144733792
Federal Award Identification Number (FAIN, sometimes it's the same as the Grant Number):	256AZ008W1003
Federal Award Date (see the definition of Federal award date in § 200.1 of this part) of award to the recipient by the Federal agency;	10/1/ 2024
Subaward Period of Performance Start and End Date;	10/01/ 2024-9/30/2025
Subaward Budget Period Start and End Date:	10/01/ 2024-9/30/2025
Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient (this is normally the contract amount):	\$2,210,136.00
Total Amount of Federal Funds Obligated to the subrecipient by the pass-through entity including the current financial obligation (how much is available for contracts):	\$2,210,136.00
Total Amount of the Federal Award committed to the subrecipient by the pass-through entity	\$2,210,136.00
Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)	Arizona local implementation of the WIC Special Supplemental Nutrition Program for Women, Infants, and Children
Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity	United States Department of Agriculture, FNS Southwest Regional Office, Food and Nutrition Service, 1100 Commerce Street Room 522, Dallas, TX 75242-9980, Telephone: (214)



INTERGOVERNMENTAL AGREEMENT (IGA)
Amendment

**ARIZONA DEPARTMENT
OF HEALTH SERVICES**
150 18th Ave Suite 530
Phoenix, Arizona 85007

Contract No.:
CTR067929

IGA Amendment No.: One (1)

Procurement Officer
Kailee Gray

290-9810

Assistance Listings number and Title; the pass-through entity must identify the dollar amount made available under each Federal award and the Assistance Listings Number at time of disbursement:

10.557 WIC Special Supplemental Nutrition Program for Women, Infants, and Children

Identification of whether the award is R&D

Not R&D award

Indirect cost rate for the Federal award (including the de minimis rate is charged) per § 200.414

10%



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Exhibit B - 2 CFR 200.332

Exhibit - 2 CFR 200.332

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Prime Awardee:	Arizona Department of Health Services
UEI#	QMWUG1AMYF65
Federal Award Identification (Grant Number):	246AZ002W5003
Subrecipient name (which must match the name associated with its unique entity identifier):	Pima County Health Department
Subrecipient's unique entity identifier (DUNS #):	144733792
Federal Award Identification Number (FAIN, sometimes it's the same as the Grant Number):	246AZ002W5003
Federal Award Date (see the definition of Federal award date in § 200.1 of this part) of award to the recipient by the Federal agency;	10/1/2024
Subaward Period of Performance Start and End Date;	10/01/2024-9/30/2025
Subaward Budget Period Start and End Date:	10/01/2024-9/30/2025
Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient (this is normally the contract amount):	\$105,998.00
Total Amount of Federal Funds Obligated to the subrecipient by the pass-through entity including the current financial obligation (how much is available for contracts):	\$105,998.00
Total Amount of the Federal Award committed to the subrecipient by the pass-through entity	\$105,998.00
Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)	Arizona local implementation of the Breastfeeding and Peer Counseling Program
Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity	United States Department of Agriculture, FNS Southwest Regional Office, Food and Nutrition Service, 1100 Commerce Street Room 522, Dallas, TX 75242-9980, Telephone: (214)



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