

# BOARD OF SUPERVISORS AGENDA ITEM REPORT (BOSAIR)

\*All fields are required. Enter N/A if not applicable. For number fields, enter 0 if not applicable.\* Record Number: Amplifund Grant Record Number: 70298 Award Type: Grant Is a Board Meeting Date Yes Requested? Requested Board Meeting Date: 11/04/2025 Signature Only: NO Procurement Director Award / N/A Delegated Award: Supplier / Customer / Grantor / Early Childhood Development and Health Board (First Things First) Subrecipient: Project Title / Description: Child Care Health Consultation Purpose: This amendment provides additional funding for the CCHC's current grant period. This will increase the total award from \$865,125 to \$876,975, a total increase of \$11.850. The purpose of this agreement is to fund Child Care Health Consultation (CCHC) services for child care centers and homes in Pima County that are participating in the First Things First Quality First Program. Child Care Health Consultants work with early care and education administrative and teaching staff at centers and homes to increase knowledge and compliance with best health and safety practices. Procurement Method: Grant: Not applicable Procurement Method Additional N/A Info: This agreement will support CCHC services for 228 providers located within Pima Program Goals/Predicted Outcomes: County, including the Pascua Yaqui Tribe and the Tohono O'odham Nation. Pima County Health Department-Child Care Health Consultants will provide health and safety consultation training, technical assistance, and referral services to child care providers not currently participating in the Quality First Program. These services will foster healthier and safer child care environments, leading to higher star-level ratings with the Quality First program and an overall improvement in child care quality.

Public Benefit and Impact:

By enhancing the quality of child care providers, Pima County is investing in an important time in a child's development. Families will benefit from knowing that their children are participating in quality child care and will enter the school system ready to learn.

**Budget Pillar** 

Improve the quality of life

Support of Prosperity Initiative:

6. Increase Access to Quality Early Childcare and Education

Provide information that explains how this activity supports the selected Prosperity Initiative

Pima County Child Care Health Consultants will provide health and safety consultation training, technical assistance, and referral services to child care providers not currently participating in the Quality First Program. By enhancing the quality of child care providers, Pima County is investing in an important time in a child's development. These services will foster healthier and safer child care environments and overall improvement in child care quality.

Metrics Available to Measure Performance:

- Number of participants

- Number and types of child care visits

- Number of trainings

Retroactive:

YES

Retroactive Description:

Yes. The grant period began July 1, 2025, but Pima County just received this amendment to award additional funding for the current grant period. If not approved, Pima County will lose additional funding to support CCHC services.

### Grant / Amendment Information (for grants acceptance and awards)

Record Number:

Amplifund Grant Record Number: 70298

Type:

Amendment

Department Code:

HD

AmpliFund Grant Record Number: 70298

Amendment Number:

03

Commencement Date:

07/01/2025

**Termination Date:** 

06/30/2026

Advantage Initial GTAW# (If

Applicable):

N/A

Total Revenue Amount:

\$11,850.00

**Total Match Amount** 

\$0.00

Advantage Grant ID # (If Applicable):	N/A	
All Funding Source(s) required:	This amendment is funded by the First Th	nings First State Tobacco tax revenues.
Does PCAO need to review the gr	ant award (or grant amendment)?	YES
Does PCAO need to sign the gran	t award (or grant amendment)?	YES
Match funding from General Fund?	?	NO
Match funding from other sources?	•	NO
Are Federal Funds Involved?		NO
Department:	Health	
Name:	Angelica Aros	
Telephone:	(520) 7247495	
Grants Management Authorized Sig	gner: KBW&	Date: 10/10/2028
Department Director Signature:	he she	Date: 10-06-2025
Deputy County Administrator Signa	ture:	Data: 10-12-WK

County Administrator Signature: \_\_

# ## FIRST THINGS FIRST

#### **GRANT AMENDMENT**

#### Amendment #1

GRA-STATE-24-1246-01-Y3
Pascua Yaqui Tribe, Pima North, Pima South, Tohono
O'odham Nation Regional Partnership Councils
Child Care Health Consultation

Early Childhood Development and Health Board (First Things First)

4000 North Central Avenue, Suite 500 Phoenix, AZ 85012 (602) 771-5100

GRANTEE: Pima County Health Department

PURPOSE OF AMENDMENT: This amendment is to reflect an additional investment by Pima South to add three (3) additional sites.

THEREFORE, the Parties amend the Agreement as follows:

- The total award amount for the grant period will increase from \$865,125 to \$876,975, a total increase of \$11,850.
- 2. Contracted Service Units: Number of Slots: (Pascua Yaqui Tribe – 2, Pima North – 134, **Pima South – 84**, Tohono O'odham Nation – 8)

All other terms and conditions remain unchanged and are according to the original award documents, clarification documents and renewal submission documents.

Approved by Grantee:	Approved by First Things First and executed effective September 1, 2025 once signed and dated below:
Signature	Josh Allen CFO/COO
Name	Date
Title	
Date	_

Jonathan Pinkney

Deputy County Attorney

AS TO FOR

REVIEWED BY:

Appointing Authority or Designee Pima County Health Department

# Line-Item Budget and Budget Narrative

## SFY26 Line-Item Budget Budget period: July 1, 2025 – June 30, 2026

Budget Category	Line Item Description	Requested Funds	Total Cost
PERSONNEL SERVICES		Personnel Services Sub Total	\$572,739
	.80 Program Manager II, 1 RN-CCHC, 8 Program Coordinator-		
	CCHC, .50 Program Specialist		
EMPLOYEE RELATED EX	PENSES Emplo	yee Related Expenses Sub Total	\$153,571
	.80 Program Manager II, 1 RN-CCHC, 8 Program Coordinator-		
	CCHC, .50 Program Specialist		
PROFESSIONAL AND OU	ITSIDE SERVICES Profession	nal & Outside Services Sub Total	\$0
	N/A		
TRAVEL		Travel Sub Total	\$22,624
	In-State Travel	\$22,624	<del>+,</del>
	III-State Havei	322,024	
AID TO ORGANIZATION	S OR INDIVIDUALS Aid to Organ	izations or Individuals Sub Total	\$0
AID TO ORGANIZATION	N/A	Zations of individuals 3db Fotal	70
	N/A		
OTHER OPERATING EXP	ENSES Othe	er Operating Expenses Sub Total	\$48,316
	Telephones/Communications Services- 9 staff	\$55/month	\$5,940
	Internet Access		
	General Office Supplies		\$5,000
	Food		
	Rent/Occupancy		
	Utilities		
	Furniture		
	Postage		
	Software (including IT supplies)		
	Dues/Subscriptions/Membership	Varies	\$1,000
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	Advertising		
	Printing/Copying		\$5,000
	Equipment Maintenance		
	Professional Development (Staff Training, Conferences, Workshops, Training Fees for Staff)		
	Insurance		
	Program Materials & Supplies & Training Material		\$15,980
	Program Supplies		
	Scholarships		
	Program Incentives		\$15,396
NON-CAPITAL EQUIPME	ENT	Non-Capital Sub Total	\$
	N/A		
	SUBTOTAL	DIRECT PROGRAM COSTS	\$797,250
ADMINISTRATIVE/INDII		Total Admin/Indirect	\$79,725
·	Indirect/Admin Costs-10%	\$797,250	
		TOTAL	6076.075
		TOTAL	\$876,975

Authorized Signature	Date

#### SFY26 Budget Narrative (revised 9.25.25)

The budget narrative should provide a clear and concise description of how amounts were determined, including calculations, for each proposed line item in the Line-Item Budget. If a budget category does not apply, either leave blank or delete the category.

<u>Personnel Services</u>: Include information such as position title(s), name of employee (if known), salary, time to be spent on this program (hours or %), number of months assigned to this program, etc. Explain how the salary rate for each position was determined. If salaries are expected to increase during the program year, indicate the percentage increases for each position and justify the percent of the salary increase.

Description	Number	Unit	Rate	Total
1 Program Manager II, CCHC-V. Altamirano (1 FTE)	1664	Hour	\$40.93	\$68,108
1 CCHC Program Coordinator, lead – Y. Houston (1 FTE)	2080	Hour	\$26.61	\$55,349
1 CCHC RN-R. May (1 FTE)	2080	Hour	\$45.87	\$95,410
1 CCHC-Program Coordinator-H. Krouskop (1 FTE)	2080	Hour	\$26.42	\$54,954
1 CCHC- Program Coordinator -C. Montgomery (1 FTE)	2080	Hour	\$26.42	\$54,954
1 CCHC- Program Coordinator -T. Yanez (1 FTE)	2080	Hour	\$26.42	\$54,954
1 CCHC Program Coordinator -J. Graham (1-FTE)	2080	Hour	\$26.42	\$54,954
1 CCHC-Program Coordinator- M. DeLaTorre (1 FTE)	2080	Hour	\$27.44	\$57,075
1 CCHC-Program Coordinator- N. Hart (1 FTE)	2080	Hour	\$26.42	\$54,954
1 Program Specialist-T. Silver (.50 FTE)	1040	Hour	\$21.18	\$22,027
Personnel Salary Total \$572,739				\$572,739

<u>Employee Related Expenses</u>: Include a benefit percentage and what expenses make up employee benefit costs. Indicate any special rates for part-time employees, if applicable. Explain how the benefits for each position were determined. If using a fringe benefit rate, explain how this percentage is justified or approved by your agency/organization.

Description	Number	Unit	Rate	Total
1 Program Manager II, CCHC- V. Altamirano (1 FTE)	1664	Hour	Actual Cost	\$15,642
1 CCHC Program Coordinator, lead–Y. Houston (1 FTE)	2080	Hour	Actual Cost	\$9,907
1 CCHC RN-R. May (1 FTE)	2080	Hour	Actual Cost	\$27,638
1 CCHC-Program Coordinator-H. Krouskop (1 FTE)	2080	Hour	Actual Cost	\$10,820
1 CCHC- Program Coordinator -C. Montgomery (1 FTE)	2080	Hour	35% salary	\$19,066
1 CCHC- Program Coordinator -T. Yanez (1 FTE)	2080	Hour	Actual Cost	\$13,747
1 CCHC Program Coordinator -J. Graham (1 FTE)	2080	Hour	Actual Cost	\$14,337
1 CCHC-Program Coordinator-M. DeLaTorre (1 FTE)	2080	Hour	35% salary	\$19,066
1 CCHC-Program Coordinator-N. Hart (1 FTE)	2080	Hour	35% salary	\$18,287
1 Program Specialist-T. Silver (.50 FTE)	1040	Hour	Actual Cost	\$5,061
ERE Related Total			\$1	153,571

<u>Professional and Outside Services</u>: If professional consultants/services costs are proposed in the budget, define how the costs for these services were determined and the justification for the services related to the program. Explain how all contracts will be procured.

N/A

<u>Travel</u>: Separate in-state and out-of-state travel. Include a detailed breakdown of hotel, transportation, meal costs, etc. Indicate the location(s) of travel, the justification for travel, how many employees will attend and how the estimates have been determined. Applicants <u>must</u> use the State of Arizona Travel Policy reimbursement

rates for mileage, lodging, and meals for both in-state and out-of-state travel. For current Arizona state rates, visit: <a href="https://gao.az.gov/state-arizona-accounting-manual-saam">https://gao.az.gov/state-arizona-accounting-manual-saam</a> - Travel Policy (Topic 50) & Reimbursement Rates (Section 95).

Description	Number	Unit	Rate	Total
Local Mileage (Reimbursement) x 9 staff	20,000	miles	\$.70	\$14,000
Motor Pool	8	Daily Charge	\$150	\$1,200
In state conference (Prevent Child Abuse or similar in-state)	1 conf.	x 9	\$400	\$3,200
Conference-Per Diem	8	X 1	\$288	\$2,304
Hotel for conference	8	X 2	\$120	\$1,920
Travel Total				\$22,624

<u>Aid to Organizations or Individuals</u>: In the event that this application represents collaboration and you will be utilizing subcontractors (including subgrantees) to perform various components of the program, include a list of subcontractors, programmatic work each subcontractor will perform, and how costs for each subcontractor are determined.

N/A

Other Operating Expenses: Explain each item to be purchased, how the costs were determined and justify the need for the items. All purchases should be made through competitive bid or using established purchasing procedures. Items can only be categorized in the following line items: Telephones /Communications Services, Internet Access, General Office Supplies, Food, Rent/Occupancy, Utilities, Furniture, Postage, Software (including IT supplies), Dues/Subscriptions, Advertising, Printing/Copying, Equipment Maintenance, Professional Development (Staff Training, Conferences, Workshops, and Training Fees for Staff), Insurance, Program Materials, Program Supplies, Scholarships, and Program Incentives.

Description	Number	Unit	Rate	Total
Cell Phone Service – 9 staff	12	Monthly	\$55	\$5,940
Printing	1	Annual	varies	\$5,000
General Office Supplies	1	Annual	varies	\$5,000
Dues, Subscriptions, Memberships	1	Annual	varies	\$1,000
Program Supplies & Training Material	1	Annual	varies	\$15,980
Incentives for Programs/Providers	1	Annual	varies	\$15,396
Other Operating Expenses Total				\$48,316

Non-Capital Equipment: For items with a unit cost less than \$5,000 and an initial estimated useful life beyond a single year, explain each item to be purchased, how the costs were determined and justify the need for the items. All purchases should be made through competitive bid or using established purchasing procedures. For example, items such as computers, printers, projectors, etc. each with a unit cost less than \$5,000.

N/A

Administrative/Indirect Costs: Administrative costs are general or centralized expenses of overall administration of an agency/organization that receives grant funds and does not include particular program costs. Such costs are generally identified with the agency/organization's overall operation and are further described in 2 CFR 220, 2 CFR 225, and 2 CFR 230.

Description	Number	Unit	Rate	Total
Administrative/Indirect	\$797,250	10% of Direct Cost	10%	\$79,725
Administrative/Indirect Cost Total				\$79,725

Indirect costs are costs of an organization that are not readily assignable to a particular program, but are necessary to the operation of the organization and the performance of the program. The cost of operating and maintaining facilities, depreciation, and administrative salaries are examples of the types of costs that are usually treated as indirect.

Applicants must list either Option A or Option B and provide proper justification for expenses included:

administrative costs for up to 10% of the total dir costs may include allocable direct charges for: co general legal services; costs of internal evaluation costs of general liability insurance that protects to program, other than insurance costs solely attribu	justification, applicants may include an allocation for ect costs requested of the grant request. Administrative sts of financial, accounting, auditing, contracting or including overall management improvement costs; and the agency/organization(s) responsible for operating a suitable to the program. Administrative costs may also be program's director and other administrative staff not cific program.
OR	
indirect cost rate agreement in place, applica	s: If your agency/organization has a federally approved ints may include an allocation for indirect costs for up to vide a copy of their federally approved indirect cost rate
L	
Authorized Signature	Date