



BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / GRANTS

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: October 15, 2024

* = Mandatory, information must be provided

or Procurement Director Award: ☐

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

Arizona Department of Health Services

***Project Title/Description:**

Immigrant Emergency Care and Testing

***Purpose:**

The grant funds are intended to help compensate counties along the border with Mexico for the assistance they are providing to vulnerable, lawfully-present immigrants arriving in the country. The original grant award was approved on 07/11/2023 for \$1,000,080.00. Amendment #1 was approved on 01/09/2024 with the total amount of \$1,764,999.96 in the BOS AIR, instead of the additional funds of \$764,919.96. Amendment #2 is adding additional funds of \$1,080,000.04 for a total amount of \$2,845,000 in funding for health screening and emergency care.

***Procurement Method:**

The grant amendment was reviewed and signed by PCAO.

***Program Goals/Predicted Outcomes:**

Pima County will provide emergent health care and infectious disease testing to immigrants, provide medical clearance exams, expand access to existing testing sites and availability, and provide isolation/quarantine and associated wrap around services for immigrants testing positive for an infectious disease.

***Public Benefit:**

Providing medical care and testing for immigrants passing through the county will help protect Pima County residents by identifying and preventing the spread of infectious diseases.

***Metrics Available to Measure Performance:**

Monthly progress and YTD reports provided to ADHS will include information such as the number of immigrants who were tested, provided emergency care, provided with emergency transport, and isolated/quarantined. Pima County will also report on the cost of services provided and the period of time isolation/quarantine services were provided.

***Retroactive:**

Yes. The Price Sheet is an increased amount over the five year period of the grant. If not approved, PCHD will have fewer funds to provide medical care to immigrants arriving in Tucson.

6 MTH APPROV'S
9/27/24
PCH

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): 66108
Commencement Date: 12/01/2022 Termination Date: 11/30/2027 Amendment Number: 02
☐ Match Amount: \$ _____ ☒ Revenue Amount: \$ 1,080,000.04

***All Funding Source(s) required:** Arizona Department of Emergency and Military Affairs (DEMA)

***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)?**
N/A

Contact: Sharon Grant
Department: Health Department

Telephone: 724-7842

Department Director Signature: _____


Date: 09/25/24

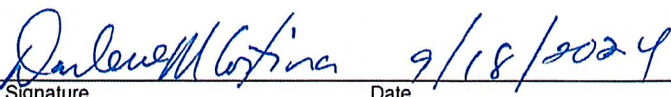
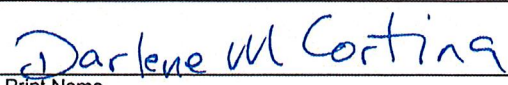
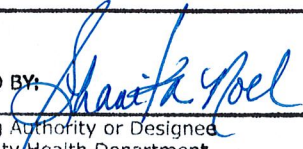
Deputy County Administrator Signature: _____

Date: 27 Sep 2024

County Administrator Signature: _____

Date: 9/27/2024

	INTERGOVERNMENTAL AGREEMENT (IGA) Amendment		ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF PROCUREMENT 150 N. 18 th Ave., Suite 530 Phoenix, Arizona 85007
	Contract No.: CTR065584	IGA Amendment No: Two (2)	Procurement Officer: Nathaniel Thomas

Immigrant Emergency Care and Testing			
It is mutually agreed that the Intergovernmental Agreement referenced is amended as follows:			
1. Pursuant to Terms and Conditions, Provision Six (6) Contract Changes, subsection 6.1 Amendments, the Contract is hereby revised with the following:			
1.1. The Price Sheet is revised and replaced.			
ALL CHANGES ARE REFLECTED IN RED			
All other provisions of this agreement remain unchanged.			
Pima County Health Department			
Contractor Name:		County Authorized Signature	
3950 E. Country Club Rd. 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		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.	
 Signature Date		State of Arizona Signed this _____ day of _____ 2024.	
 Print Name		Procurement Officer	
Contract No.: CTR065584 , which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney, who has determined that it is in proper form and is within the powers and authority granted under the laws of the State of Arizona.			
Signature		Date	
Assistant Attorney General			
Print Name			
		<div style="border: 1px solid black; padding: 5px;"> REVIEWED BY  Appointing Authority or Designee Pima County Health Department </div>	

	INTERGOVERNMENTAL AGREEMENT (IGA) Amendment		ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF PROCUREMENT 150 N. 18 th Ave., Suite 530 Phoenix, Arizona 85007
	Contract No.: CTR065584	IGA Amendment No: Two (2)	Procurement Officer: Nathaniel Thomas

Price Sheet

Funds do not expire and must be spent within 60 months

Description	Quantity	Unit	Amount
Immigrant testing and emergency care	60 months	Monthly	\$47,416.67
TOTAL CONTRACT NOT TO EXCEED AMOUNT			\$2,845,000.00