



BOARD OF SUPERVISORS AGENDA ITEM REPORT CONTRACTS / AWARDS / GRANTS

Award Contract Grant

Requested Board Meeting Date: June 18, 2019

* = *Mandatory, information must be provided*

or Procurement Director Award

***Contractor/Vendor Name/Grantor (DBA):**
Arizona Department of Health Services (ADHS)

***Project Title/Description:**
Immunization Services

***Purpose:**

Develop and support ongoing strategies to address immunization issues and promote activities to increase the immunization rates of Pima County's children, teens, and adults.

Amendment #1 makes some scope changes to the reporting and monitoring requirements in order to comply with the Centers for Disease Control directive to transition the quality improvement program from AFIX (Assessment, Feedback, Incentives and ExChange) to Immunization Quality Improvement for Providers (IQIP). There are no changes to the funding with this amendment.

***Procurement Method:**

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

***Program Goals/Predicted Outcomes:**

1. Provide resources and training to Pima County Health Department immunization clinic staff.
2. Provide immunization services to Pima County residents.
3. Coordinate with schools, childcare centers, providers, and other community partners to better utilize resources for immunization.

***Public Benefit:**

Reduced incidence of vaccine preventable disease in Pima County.

***Metrics Available to Measure Performance:**

1. Immunization coverage rates for Pima County students.
2. Incidence of vaccine preventable disease reported in Pima County.

***Retroactive:**

No.

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Contract / Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____

Effective 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 22-73.

Amendment / Revised Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____

Amendment No.: _____ AMS Version No.: _____

Effective Date: _____ New Termination Date: _____

Prior Contract No. (Synergen/CMS): _____

Expense or 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: GTAM Department Code: HD Grant Number (i.e., 15-123): 19-56

Effective Date: upon signature Termination Date: _____ Amendment Number: 01

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

***All Funding Source(s) required:** Centers for Disease Control and Prevention, CFDA #93.539
via Arizona Department of Health 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)?** _____ via ADHS

Contact: Sharon Grant

Department: Health _____ Telephone: 724-7842

Department Director Signature/Date: *Manley McPherson* 5.22.2019

Deputy County Administrator Signature/Date: *John* 5/23/2019

County Administrator Signature/Date: *C. Deuel* 5/23/19
(Required for Board Agenda/Addendum Items)

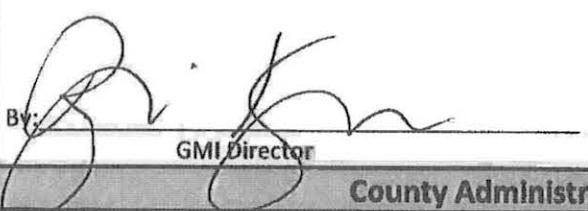
GRANT APPLICATION APPROVAL REQUEST

Instructions: Fill out the top section of this form completely. Contact the program Grants Management & Innovation (GMI) Lead if you require assistance (724-2240). Email your completed request to: GMI@pima.gov. Your request will be forwarded to County Administration for review. Notification of approval requests should be submitted at least 15 business days prior to the application's submission deadline (AP S-1 Procedure).

Requesting department or entity:	Health		Date: 6/10/19
Contact Information:	Name: Sharon Grant		Telephone: 724-7842
Funding opportunity title:	Immunization Services		
Link to opportunity:			
Funding agency:	Arizona Department of Health Services /		
Amount to be requested:	\$ 0.00		
Due date and time:	Select One		
What are you going to spend the money on?	<p>This GAAR is for Amendment #1. Amendment #1 makes some scope changes to the reporting and monitoring requirements in order to comply with the Centers for Disease Control directive to transition the quality improvement program from AFIX (Assessment, Feedback, Incentives and ExChange) to Immunization Quality Improvement for Providers (IQIP). There is no funding being added with this amendment and therefore the question about Indirect costs does not apply.</p>		
What will be the benefit to Pima County?	<p>This grant helps the Pima County Health Department to reduce the incidence of vaccine preventable diseases in Pima County by working with local schools and the Health Department's clinics to vaccinate children and to address epidemics such as the Hep A one currently affecting Pima County.</p>		
Indirect costs – check one:	<input type="checkbox"/> I will be requesting indirect costs. Indirect-cost rate to be requested: % <input type="checkbox"/> I have attached a request for waiver of indirect costs (GMI Intranet) <input type="checkbox"/> I need help understanding indirect costs		
By: <u> </u> <u> </u>	Date: <u>06/10/19</u>		
Department Director or Designee			

GRANT COST/BENEFIT ANALYSIS

To be completed by GMI staff

CFDA No.	ADHS Immunization - <u>CFDA 93.537</u>	
Competitive Criteria:	n/a	
Other Factors:	ADHS Immunization	
Number of Awards:	na	Total amount to be awarded:
Match Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No If required what is the amount/percent: _____	
Terms Notes (e.g. unusual restrictions, reporting burdens, etc.):	Program start 1/1/2018 and terminates on 12/31/2022	
Will this project require additional office/project space? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Will this project require staff time that cannot be paid for by the grant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Will your project require any equipment items over \$5,000 per item? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does the proposal use a fixed price contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this project subject to Human Subjects compliance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does this project involve subrecipients? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is there a Statutory Funding Preference from the funding agency? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Allowable Indirect Rate: _____ If Indirect is not allowed, attach documentation.		
List any other proposal or funder specific requirements:	Amendment 1 is a change in the scope of work that is budget neutral does not apply to the indirect cost.	
GMI notes & recommendations:		
 By: <u>Brian</u> GMI Director		Date: <u>6/18/19</u>
County Administrator Approval Request		
Approved: <u>✓</u>		Not Approved: _____ Subject to Further Review: <input type="checkbox"/> Yes <input type="checkbox"/> No
If your project is subject to further review, please contact your GMI Lead to discuss necessary revisions prior to resubmission of the Grant Approval Application Request.		
By: <u>Dur</u> County Administrator or Designee		Date: <u>6/10/19</u>



INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT

Contract No.: **ADHS18-177695**

Amendment No.: **1**

ARIZONA DEPARTMENT OF
HEALTH SERVICES
150 N. 18th Avenue, Suite 260
Phoenix, Arizona 85007

Procurement Officer:
Bariah Steiner

Immunization Services

Pursuant to Uniform Terms and Conditions, Provision (6) Contract Changes, (6.1) Amendments, Purchase Orders, and Change Orders, it is mutually agreed that the Intergovernmental Agreement referenced is amended as follows:

The Scope of Work is hereby revised and replaced as follows:

1. Section Four (4), Tasks, Item 4.1.2, is hereby revised in this Amendment One (1) to read:
 - 4.1.2. Share the IAP and Immunization Quality Improvement for Providers (IQIP) Assessment Reports with the Medical Director, Local Health Officer (LHO), and/or other staff for review and/or approval as dictated by county health department protocol.
2. Section Four (4), Tasks, Item 4.5, Activity Five (5) AFIX Assessment Reports, is hereby revised and replaced in this Amendment One (1)

Continued onto the next page

ALL OTHER PROVISIONS OF THIS AGREEMENT REMAIN UNCHANGED.

PIMA COUNTY

Contractor Name: _____ Authorized Signature _____

3950 S. COUNTRY CLUB RD., #100 _____ Print Name _____

Address: _____ Print Name _____

Tucson **AZ** **85714** _____ Title _____
City State Zip

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

Signature

Date

S/21/19

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

Signed this _____ day of _____ 20____

Jonathan Pinkney

Dep. County Atty.

Print Name _____ Title _____ Procurement Officer _____

Attorney General Contract No.: **ADHS18-177695**, 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.

RESERVED FOR USE BY THE SECRETARY OF STATE

Signature _____ Date _____
Assistant Attorney General _____ Title _____
Print Name _____

REVIEWED BY

Bariah Steiner
Appointing Authority or Designee
Pima County Health Department

	INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT SCOPE OF WORK	ARIZONA DEPARTMENT OF HEALTH SERVICES 150 N. 18 th Avenue, Suite 260 Phoenix, Arizona 85007
	Contract No.: ADHS18-177695	Amendment No.: 1

4.5. Activity Five (5) Immunization Quality Improvement

4.5.1. AIPO will provide quality improvement assistance to the Contractor, on an annual basis, as part of the Immunization Quality Improvement for Providers (IQIP) program. This program replaces the current Assessment, Feedback, Incentives and eXchange (AFIX) program, per CDC directives, on July 1, 2019. As part of the IQIP requirements, the Contractor shall receive the following assistance:

- 4.5.1.1. An annual in-person site visit from AIPO staff to include an ASIIS-based coverage rate report for children ages 24-35 months and for adolescents aged thirteen (13) years, including a list of patients not up-to-date. The visit will include a discussion of current immunization practices and quality improvement goals;
- 4.5.1.2. Phone-based check-in calls at two (2) months and six (6) months post-site visit to include a discussion of the quality improvement objectives and any technical assistance requested by the Contractor; and
- 4.5.1.3. An email-based check-in at twelve (12) months post-site visit, to include a follow-up coverage rate assessment, a discussion of progress toward quality improvement goals, and any other technical assistance requested by the Contractor.

4.5.2. Removed.