



BOARD OF SUPERVISORS AGENDA ITEM REPORT
AWARDS / CONTRACTS / GRANTS

Award Contract Grant

Requested Board Meeting Date: March 19, 2024

* = Mandatory, information must be provided

or Procurement Director Award:

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

Department of Health and Human Services / Centers for Disease Control and Prevention (CDC)

***Project Title/Description:**

Pima County Initiative to Address COVID-19 Health Disparities

***Purpose:**

Funding from this grant aims to expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related health disparities among populations at higher risk and those who are underserved.

Amendment #2 provides a two-year, no-cost extension. The no-cost extension was offered to all grantees by the CDC.

***Procurement Method:**

N/A.

***Program Goals/Predicted Outcomes:**

Activities to be funded through this no-cost extension include continued collaboration with County libraries and community-based organizations to distribute COVID-19 test kits to at-risk populations. The trained Community Health Worker (CHW) workforce will assist residents to overcome barriers to health with an emphasis on addressing access to health care and health care system navigation.

***Public Benefit:**

COVID-19 has disproportionately affected populations who are medically underserved, including racial and ethnic minority groups and people living in rural communities. These individuals experience disproportionate rates of chronic diseases, higher hospitalization rates and premature death. Utilization of already available funding through this no-cost extension will allow PCHD to continue efforts to ensure equal access to testing, and vaccines, and sustain a strong community health worker workforce to address barriers to health and improve health outcomes for vulnerable residents.

***Metrics Available to Measure Performance:**

The work plan submitted as part of the PCHD proposal includes many strategies, activities, and outputs to be accomplished and measured with this funding. Metrics include, but are not limited to, the number of test kits distributed, number of new testing site locations, an evaluation of how well PCHD testing efforts reached vulnerable residents, and the number of Community Health Workers hired, trained and embedded in organizations throughout Pima County.

***Retroactive:**

No.

GMI Approves
AF 2/29/24

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

Is there revenue included? Yes No If Yes \$ _____

Amount This Amendment: \$ _____

*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): 24-059
Commencement Date: 06/01/2024 Termination Date: 05/31/2026 Amendment Number: 02

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

*All Funding Source(s) required: Amendment is no-cost. Grant is funded by the Department of Health and Human Services / Centers for Disease Control and Prevention (CDC)

*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)?
Directly from the CDC

Contact: Sharon Grant

Department: Health

Telephone: 724-7842

Department Director Signature: _____ Date: 2/23/24

Deputy County Administrator Signature: _____ Date: 29 Feb 2024

County Administrator Signature: _____ Date: 3/11/2024



Recipient Information	Federal Award Information																				
<p>1. Recipient Name PIMA COUNTY 3950 S Country Club Rd Tucson, AZ 85714-2099 [NO DATA]</p> <p>2. Congressional District of Recipient 07</p> <p>3. Payment System Identifier (ID) 1866000543A2</p> <p>4. Employer Identification Number (EIN) 866000543</p> <p>5. Data Universal Numbering System (DUNS) 144733792</p> <p>6. Recipient's Unique Entity Identifier (UEI) U8XUY58VDQS3</p> <p>7. Project Director or Principal Investigator Dr. Theresa Cullen Theresa.Cullen@pima.gov 520-724-7765</p> <p>8. Authorized Official Dr. Dorothee Harmon. Division Manager/AOR dorothee.harmon@pima.gov 520-576-6067</p>	<p>11. Award Number 6 NH75OT000063-01-02</p> <p>12. Unique Federal Award Identification Number (FAIN) NH75OT000063</p> <p>13. Statutory Authority 317(K)(2) OF PHSA 42USC 247B(K)(2)</p> <p>14. Federal Award Project Title Pima County Initiative to Address COVID-19 Health Disparities</p> <p>15. Assistance Listing Number 93.391</p> <p>16. Assistance Listing Program Title Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises</p> <p>17. Award Action Type No Cost Extension</p> <p>18. Is the Award R&D? No</p>																				
<p>Federal Agency Information CDC Office of Financial Resources</p> <p>9. Awarding Agency Contact Information Keondra Mingo Grant Management Specialist yib8@cdc.gov 111-111-1111</p> <p>10. Program Official Contact Information Mr. Quinney Harris Program Officer tfe5@cdc.gov 404-498-0591</p>	<p style="text-align: center;">Summary Federal Award Financial Information</p> <p>19. Budget Period Start Date 06/01/2021 - End Date 05/31/2026</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">20. Total Amount of Federal Funds Obligated by this Action</td> <td style="text-align: right; width: 20%;">\$0.00</td> </tr> <tr> <td style="padding-left: 20px;">20a. Direct Cost Amount</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td style="padding-left: 20px;">20b. Indirect Cost Amount</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>21. Authorized Carryover</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>22. Offset</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>23. Total Amount of Federal Funds Obligated this budget period</td> <td style="text-align: right;">\$6,510,503.00</td> </tr> <tr> <td>24. Total Approved Cost Sharing or Matching, where applicable</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>25. Total Federal and Non-Federal Approved this Budget Period</td> <td style="text-align: right;">\$6,510,503.00</td> </tr> <tr> <td colspan="2">26. Period of Performance Start Date 06/01/2021 - End Date 05/31/2026</td> </tr> <tr> <td>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</td> <td style="text-align: right;">\$6,510,503.00</td> </tr> </table> <p>28. Authorized Treatment of Program Income ADDITIONAL COSTS</p> <p>29. Grants Management Officer – Signature Ms. Ester Edward Grants Management Officer</p>	20. Total Amount of Federal Funds Obligated by this Action	\$0.00	20a. Direct Cost Amount	\$0.00	20b. Indirect Cost Amount	\$0.00	21. Authorized Carryover	\$0.00	22. Offset	\$0.00	23. Total Amount of Federal Funds Obligated this budget period	\$6,510,503.00	24. Total Approved Cost Sharing or Matching, where applicable	\$0.00	25. Total Federal and Non-Federal Approved this Budget Period	\$6,510,503.00	26. Period of Performance Start Date 06/01/2021 - End Date 05/31/2026		27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	\$6,510,503.00
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30. Remarks																					



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH75OT000063-01-02

FAIN# NH75OT000063

Federal Award Date: 02/21/2024

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

PIMA COUNTY

6 NH75OT000063-01-02

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

The General Terms and Conditions for [non-research](#) grants and cooperative agreements have been updated, effective January 23, 2024, to reflect current regulations and requirements for federal financial assistance.

No Cost Extension: The purpose of this amendment is to approve a twenty-four month No Cost Extension per the request submitted by your organization dated February 1, 2024 . The budget and project period end dates have been extended from May 31, 2024 to May 31, 2026.

Annual Federal Financial Report (FFR SF-425): Annual financial reporting is required every twelve month period. Due to the approved extension period, the final budget period has been extended and an additional annual financial report will be required. A completed FFR SF-425 covering the budget period of June 1, 2023 to May 31, 2024 must be submitted by August 31, 2024.

Recipients must submit all closeout reports identified in this section within 120 days of the period of performance end date. The reporting timeframe is the full period of performance. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

Final Performance Progress and Evaluation Report (PPER): This report should include the information specified in the NOFO. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

All manuscripts published as a result of the work supported in part or whole by the cooperative grant must be submitted with the performance progress reports.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and actually expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted no later than 120 days after the period of performance end date.

The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Department of Health and Human Services' PMS, you will be required to update your reports to PMS accordingly. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

Electronic versions of the FFR SF-425 can be downloaded at:

<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed Tangible Personal Property Report SF-428 and Final Report SF-428B addendum must be

submitted, along with any Supplemental Sheet SF-428S detailing all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. Electronic versions of the forms can be downloaded by visiting:

<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

If no equipment was acquired under an award, a negative report is required.

The recipient must identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award. CDC will notify the recipient if transfer to title will be required and provide disposition instruction on all major equipment.

Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government.