



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: October 17, 2017

*** = Mandatory, information must be provided**

or Procurement Director Award ☐

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

Arizona Board of Regents, The University of Arizona

***Project Title/Description:**

University of Arizona Nutrition Network/Supplemental Nutrition Assistance Education Program (UANN SNAP-Ed)

The original grant agreement, GTAW16-61, is attached here for reference.

***Purpose:**

Work collaboratively with UANN to streamline services in health systems, policy and environment change to prevent obesity.

***Procurement Method:**

Grant award - procurement exempt per BOS Policy D29.4.V

***Program Goals/Predicted Outcomes:**

1. To establish healthy eating habits and a physically active lifestyle for SNAP-Ed participants
2. To prevent or postpone the onset of diseases for SNAP-Ed participants who have risk factors for nutrition-related chronic diseases

Amendment #3 extends the agreement for an additional year and adds \$31,867.93 to the amount funded.

***Public Benefit:**

Increase the health and wellness of residents and reduce the rate of premature death due to obesity-related chronic diseases. Focus is on SNAP recipients and SNAP eligible populations.

***Metrics Available to Measure Performance:**

ADHS quarterly reports (Action Plan) - Arizona Youth Survey - Youth Risk Factor Surveillance System - Behavior Risk Factor Surveillance System - Hospital Discharge Data - SNAP-Ed evaluation framework

***Retroactive:**

Yes. Final version was received from the University of Arizona on 9/29/2017. Amendment takes effect on 10/1/2017. If this amendment is not approved, the Health Department will miss out on funds to pay .35 FTE for an existing position and this collaboration with the University will end.

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

***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): 18-13
Effective Date: 10/01/2017 Termination Date: 09/30/2018 Amendment Number: 03
☐ Match Amount: \$ _____ ☒ Revenue Amount: \$ 31,867.93

***All Funding Source(s) required:** United States Department of Agriculture (USDA) via the University of Arizona

***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)?** Federal funding received via subaward from the University of Arizona

Contact: Sharon Grant

Department: Health Telephone: 724-7842

Department Director Signature/Date: Margaret Thompson 10.09.2017

Deputy County Administrator Signature/Date: [Signature] 10-9-2017

County Administrator Signature/Date: C. A. [Signature] 10/9/17
(Required for Board Agenda/Addendum Items)

Research Subaward Agreement Amendment

Pass-Through Entity (PTE)

Subrecipient

Arizona Board of Regents, The University of Arizona

Entity Name

Pima County Health Department

888 N. Euclid Avenue, Rm. 515
Tucson AZ 85721-0158

Address
including City, State, Zip+4
(Country, if non-US)

3950 S. Country Club Rd., Suite #100
Tucson, AZ 85714-2226

Scottie Misner

Principal Investigator

Francisco Garcia

PTE Federal Award No:

Amendment No:

Federal Awarding Agency:

ADHS16-106455

3

United States Department of Agriculture

Project Title: FFY 18 AzNN SNAP-Ed

Subaward Period of Performance:

Amount Funded This Action:

Subaward No:

Start Date: Oct 1, 2015 End Date: Sep 30, 2018

\$ 31,867.93

322467

Effective Date of Amendment:

Total Amount of Federal Funds Obligated to Date:

Subject to FFATA:

Oct. 1, 2017

\$ 76,155.83

☐ Yes

☒ No

Amendment(s) to Original Terms and Conditions

This Amendment revises the above-referenced Research Subaward Agreement as follows:

Action:

This Amendment provides the following change according to the mutual agreement of both parties to this Subaward.

The Period of Performance is extended with a new termination date of September 30, 2018. The Amount of Funding (not to exceed) is increased by \$31,867.93; from \$44,287.90 to \$76,155.83 (see Attachment No.1). The Scope of Work during this extended period shall remain unchanged.

There is no Automatic Carryforward on this subcontract.

All other provisions of this SubAward remain unchanged.

All other terms and conditions of this Subaward Agreement remain in full force and effect.

By an Authorized Official of PTE:

By an Authorized Official of Subrecipient:

Name:

Date

Title:

Name:

Date

Title:

PIMA COUNTY APPROVALS:

APPROVED:

Chair, Board of Supervisors

Date

ATTEST:

Clerk of Board

Date

APPROVED AS TO FORM:



Deputy County Attorney

9/29/17

Date

APPROVED AS TO CONTENT:



Department Representative

10.09.2017

Date

Attachment 1
Research Subaward Agreement

Budget

Pima County Health Department SNAP-Ed Budget Year 3

Salary	hourly rate	# hours	total	hours/week	
Brian Eller	\$	23.20	884.00	\$ 20,508.80	17.00
0000127394					
Benefits	% of salary	% x salary			
Social Security& Medicare		7.65%	\$ 1,568.92		
Unemployment Insurance		0.08%	\$ 16.02		
Health Insurance		29.12%	\$ 5,972.47		
Workmans Comp		0.24%	\$ 49.27		
Life Insurance		0.07%	\$ 14.25		
Arizona State Retirement		11.48%	\$ 2,348.62		
Dental Insurance		0.55%	\$ 113.02		
HSA		4.14%	\$ 849.80		
Total benefits		53.33%	\$ 10,932.38		
Total Personnel				\$ 31,441.18	
Lodging	2 nights @ \$109/night	\$	218.00		
Mileage	250 miles @ \$0.445/miles	\$	111.25		
Per Diem	2.5 days @ \$39/day	\$	97.50		
Total Travel				\$ 426.75	
Total Budget		FFY18 Budget Total	\$ 31,867.93		

FDP Cost Reimbursement Research Subaward Agreement

Pass-through Entity (PTE): <i>Arizona Board of Regents on Behalf of the University of Arizona</i>		Subrecipient: <i>Pima County Health Department</i>	
PTE Principal Investigator (PI): <i>Scottie Misner</i>		Subrecipient Principal Investigator (PI): <i>Francisco Garcia</i>	
PTE Federal Award No: <i>ADHS16-106455</i>	FAIN:	Federal Awarding Agency: <i>United States Department of Agriculture</i>	
Federal Award Issue Date: <i>Oct 1, 2015</i>	Total Amount of Federal Award to PTE <i>\$ 5,567,384.36</i>	CFDA No: <i>10.000</i>	CFDA Title: <i>Department of Agriculture</i>
Project Title: <i>FFY 16 AzNN SNAP-Ed</i>			
Subaward Period of Performance: Start: <i>Oct 1, 2015</i> End: <i>Sep 30, 2016</i>		Amount Funded This Action: <i>\$ 30,312.36</i>	Subaward No. <i>322467</i>
Estimated Project Period (if incrementally funded): Start: <i>Oct 1, 2015</i> End: <i>Sep 30, 2016</i>		Incrementally Estimated Total: <i>\$ 16,702,153.08</i>	Is this Award R & D <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No
Check all that apply <input checked="" type="checkbox"/> Reporting Requirements (Attachment 4) <input checked="" type="checkbox"/> Subject to FFATA (Attachment 3B) <input type="checkbox"/> Cost Sharing (Attachment 5)			

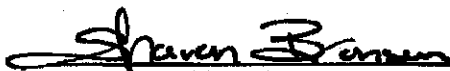
Terms and Conditions

- 1) PTE hereby awards a cost reimbursable subaward, as described above, to Subrecipient. The statement of work and budget for this subaward are (check one) ☐ as specified in Subrecipient's proposal dated _____ or ☒ as shown in Attachment 5. In its performance of subaward work, Subrecipient shall be an independent entity and not an employee or agent of PTE.
- 2) PTE shall reimburse Subrecipient not more often than monthly for allowable costs. All invoices shall be submitted using Subrecipient's standard invoice, but at a minimum shall include current and cumulative costs (including cost sharing), subaward number, and certification, as required in 2 CFR 200.415 (a). Invoices that do not reference PTE Subaward number shall be returned to Subrecipient. Invoices and questions concerning invoice receipt or payments should be directed to the appropriate party's Financial Contact, as shown in Attachments 3A.
- 3) A final statement of cumulative costs incurred, including cost sharing, marked "FINAL" must be submitted to PTE's Financial Contact, as shown in Attachments 3A, NOT LATER THAN 60 days after subaward end date. The final statement of costs shall constitute Subrecipient's final financial report.
- 4) All payments shall be considered provisional and subject to adjustment within the total estimated cost in the event such adjustment is necessary as a result of an adverse audit finding against the Subrecipient. PTE reserves the right to reject an invoice, in accordance with 2 CFR 200.305.
- 5) Matters concerning the technical performance of this subaward should be directed to the appropriate party's Principal Investigator as shown in Attachments 3A and 3B. Technical reports are required as shown above, "Reporting Requirements."
- 6) Matters concerning the request or negotiation of any changes in the terms, conditions, or amounts cited in this subaward agreement, and any changes requiring prior approval, should be directed to the appropriate party's Administrative Contact, as shown in Attachments 3A and 3B. Any such changes made to this subaward agreement require the written approval of each party's Authorized Official, as shown in Attachments 3A and 3B.
- 7) Substantive changes made to this subaward agreement require the written approval of each party's Authorized Official as shown in Attachments 3A and 3B. The PTE may issue non-substantive changes to the Period of Performance (check one) ☒ Bilaterally, or ☐ Unilaterally. Unilateral modifications shall be considered valid 14 days after receipt unless otherwise indicated by Subrecipient.
- 8) Each party shall be responsible for its negligent acts or omissions and the negligent acts or omissions of its employees, officers, or directors, to the extent allowed by law.
- 9) Either party may terminate this subaward with thirty days written notice to the appropriate party's Authorized Official Contact, as shown in Attachments 3A and 3B. PTE shall pay Subrecipient for termination costs as allowable under Uniform Guidance, 2 CFR 200, or 45 CFR Part 75 Appendix IX, "Principles for Determining Costs Applicable to Research & Development under Grants and Contracts with Hospitals, as applicable.
- 10) No-cost extensions require the approval of the PTE. Any requests for a no-cost extension should be addressed to and received by the Financial Contact, as shown in Attachments 3A, not less than 30 days prior to the desired effective date of the requested change.
- 11) The Subaward is subject to the terms and conditions of the PTE Award and other special terms and conditions, as identified in Attachment 2.
- 12) By signing this Research Subaward Agreement Subrecipient makes the certifications and assurances shown in Attachments 1 and 2.
- 13) Research Terms & Conditions – RESERVED

By an Authorized Official of Pass-through Entity: Name: Mark A. Drury Date: <i>5/26/16</i> Title: Contracts Manager	By an Authorized Official of Subrecipient: See Pima County Approvals Name: _____ Date: _____ Title: _____
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PIMA COUNTY APPROVALS:

APPROVED:

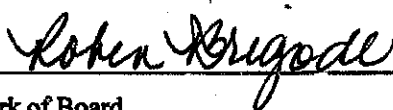


Chair, Board of Supervisors

MAY 03 2016

Date

ATTEST:



Clerk of Board

MAY 03 2016

Date

APPROVED AS TO FORM:



Deputy County Attorney

4.7.16

Date

APPROVED AS TO CONTENT:



Department Representative

4.8.16

Date

Attachment 1
Research Subaward Agreement
Certifications and Assurances

By signing the Subaward Agreement, the Authorized Official of Subrecipient certifies, to the best of his/her knowledge and belief, that:

Certification Regarding Lobbying

1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the Subrecipient, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the Subrecipient shall complete and submit Standard Form -LLL, "Disclosure Form to Report Lobbying," to the Pass-through Entity.

3) The Subrecipient shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U. S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Debarment, Suspension, and Other Responsibility Matters

Subrecipient certifies by signing this Subaward Agreement that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency.

Audit and Access to Records

Subrecipient certifies by signing this Subaward Agreement that it complies with the Uniform Guidance, will provide notice of the completion of required audits and any adverse findings which impact this subaward as required by parts 200.501-200.521, and will provide access to records as required by parts 200.336, 200.337, and 200.201 as applicable.

Attachment 2
Research Subaward Agreement
Prime Award Terms and Conditions
USDA

Agency-Specific Certifications/Assurances

1. By signing this Research Subaward Agreement Subrecipient makes the certifications and assurances specified in the Research Terms and Conditions Appendix C found at <http://www.nsf.gov/bfa/dias/policy/rtr/appc.pdf>

General terms and conditions:

1. The restrictions on the expenditure of federal funds in appropriations acts are applicable to this subaward to the extent those restrictions are pertinent.
2. 7 CFR Part 3015, 3017, 3018 and 3019.
3. Research Terms and Conditions found at < <http://www.nsf.gov/bfa/dias/policy/rtr/terms.pdf> > and Agency Specific Requirements found at http://www.nsf.gov/pubs/policydocs/rtr/csrees_708.pdf, except for the following:
 - a. The right to initiate an automatic one-time extension of the end date provided by Article 25 (c)(2) is replaced by the need to obtain prior written approval from the Prime Recipient;
 - b. The payment mechanism described in Article 22 and the financial reporting requirements in Article 52 of the Research Terms and Conditions and Article 10 of the Agency-Specific Requirements are replaced with Terms and Conditions (1) through (4) of this agreement; and
 - c. Any prior approvals are to be sought from the Prime Recipient and not the Federal Awarding Agency.
4. Title to equipment costing \$5,000 or more that is purchased or fabricated with research funds or Subrecipient cost sharing funds, as direct costs of the project or program, shall unconditionally vest in the Subrecipient upon acquisition without further obligation to the Federal Awarding Agency subject to the conditions specified in Article 34(a) of the Research Terms and Conditions.

Special terms and conditions:

1. Copyrights

Subrecipient grants / X shall grant (check one) to Prime Recipient an irrevocable, royalty-free, non-transferable, non-exclusive right and license to use, reproduce, make derivative works, display, and perform publicly any copyrights or copyrighted material (including any computer software and its documentation and/or databases) first developed and delivered under this Subaward Agreement solely for the purpose of and only to the extent required to meet Prime Recipient's obligations to the Federal Government under its Prime Award.

2. Data Rights

Subrecipient grants to Prime Recipient the right to use data created in the performance of this Subaward Agreement solely for the purpose of and only to the extent required to meet Prime Recipient's obligations to the Federal Government under its Prime Award.

3. Automatic Carry Forward: [] Yes [X] No

(If No, Carry Forward requests must be sent to Prime Recipient's _____, as shown in Attachment 3).

4. Cancellation for Conflict of Interest

This Contract is subject to cancellation for conflict of interest pursuant to ARS § 38-511, the pertinent provisions of which are incorporated into this Contract by reference.

5. Non-Discrimination

The parties agree to comply with all provisions and requirements of Arizona Executive Order 2009-09, including flow down of all provisions and requirements to any subcontractors. Executive Order 2009-09 supersedes Executive order 99-4 and amends Executive order 75-5 and may be viewed and downloaded at

the Governor of the State of Arizona's website http://www.azgovernor.gov/dms/upload/EO_2009_09.pdf which is hereby incorporated into this contract as if set forth in full herein. During the performance of this contract, neither party shall discriminate against any employee, client or any other individual in any way because of that person's age, race, creed, color, religion, sex, disability or national origin.

6. Americans with Disabilities Act

Both parties shall comply with all applicable provisions of the Americans with Disabilities Act (Public Law 101-336, 42 §§ U.S.C. 12101-12213) and all applicable federal regulations under the Act, including 28 CFR Parts 35 and 36.

7. Legal Arizona Workers Act Compliance

The parties shall comply at all times during the term of this Contract with all applicable federal immigration laws and with the requirements of A.R.S. § 23-214 (A) (together the "State and Federal Immigration Laws"). The parties shall further ensure that each subcontractor who performs any work under this contract likewise complies with the State and Federal Immigration Laws.



ARIZONA STATE CONTRACT

CONTRACT RELEASE

Page 1 of 2

ProcureAZ Purchase Order No.: ADHS16-106455:1
Organizational Reference No.: PO0000043683
Issued: 10/28/2015

V E N D O R	Vendor Number: 000005401
	University of Arizona (Grants & Contracts)
	PO Box 210158 Rm 510
	Tucson, AZ 85721-0158

Contract No.: ADHS16-106455
Title: FFY 16 AzNN U of A

P R O C U R E	Arizona Department of Health Services Bureau of Nutrition and Physical Activity 180 N. 18th Avenue, Suite 310 Phoenix, AZ 85007 US Email: procure@azdhs.gov
	(800) 252-6942
	MAIL INVOICE IN DUPLICATE TO: Arizona Department of Health Services Accounts Payable Services 1740 West Adams #301 Phoenix, AZ 85007 US Email: INVOICES@azdhs.gov
	(602) 542-0781

Release Instructions

TERMS AND CONDITIONS set forth in our Bid, Quotation, or Purchase Order are incorporated herein by reference and become a part of this order.

Account Code: 2015-OTHCFH4251-4461-HS4500-HS25000-6831-PHS-NPA-NTUEDU-0917-HSA				Payment Terms: TBD		
				Shipping Terms: TBD		
				Delivery Calendar Day(s) A.R.O.: 0		
Item	Description	Requisition	Quantity	Unit	Unit Price	Total
1	Class-Item 952-26 Personnel/Salary		1.00	YR	\$ 2,556,569.00	\$ 2,556,569.00
2	Class-Item 952-26 Fringe Benefits		1.00	YR	\$ 875,516.00	\$ 875,516.00
3	Class-Item 952-26 Contracts, Grants and Agreements		1.00	YR	\$ 320,134.84	\$ 320,134.84
4	Class-Item 952-26		1.00	YR	\$ 393,909.82	\$ 393,909.82



ARIZONA STATE CONTRACT

CONTRACT RELEASE

Page 2 of 2

5	Class-Item 952-26 Materials	1.00	YR	\$ 99,143.24	\$ 99,143.24
6	Class-Item 952-26 Travel	1.00	YR	\$ 143,938.00	\$ 143,938.00
7	Class-Item 952-26 Building Space	1.00	YR	\$ 59,630.08	\$ 59,630.08
8	Class-Item 952-26 Maintenance	1.00	YR	\$ 5,880.00	\$ 5,880.00
9	Class-Item 952-26 Indirect Costs	1.00	YR	\$ 1,112,683.38	\$ 1,112,683.38

TOTAL: \$ 5,567,384.38

Approved By: America Coles

Phone No.: (602) 542-2878



ARIZONA STATE CONTRACT

MASTER CONTRACT - TERM

Page 1 of 2

Purchase Order No.: ADHS16-108455
Organizational Reference No.:
Effective Date: 10/01/2015
Valid Through: 08/30/2018

Vendor Number: 000005401
University of Arizona (Grants & Contracts)
PO Box 210158 Rm 510
Tucson, AZ 85721-0158

Arizona Department of Health Services
Public Health Prevention
1740 W. Adams
Phoenix, AZ 85007

Contract No.: ADHS16-108455
Title: AzNN SNAP-Ed Local Implementation Services

Tracey Thomas

The following documents make up the Contract
and are incorporated herein by reference.

Attachment H_FFY2016 Nutrition Education and Obesity Prevention
Template Signed
Exhibit 1 Needs Assessment-FINAL.pdf
Attachment E_FFY2016 AzNN Nutrition Education and Obesity
Prevention Plan Template
Attachment F_FFY2016 AzNN Nutrition Education and Obesity
Prevention Plan Template
Attachment G_FFY2016 AzNN Nutrition Education and Obesity
Prevention Plan Template

Please refer to the electronic order in Procure.AZ.gov for the
complete list of attachments

Blanket Instructions

TERMS AND CONDITIONS set forth in our Bid, Quotation, or Purchase Order
are incorporated herein by reference and become a part of this order.

Account Code:			Payment Terms: TBD			
Solicitation (Bid) No.:			Shipping Terms: TBD			
			Delivery Calendar Day(s) A.R.O.: 0			
Item	Description	Requisition	Quantity	Unit	Unit Price	Total
1	Class-Item 952-28 Personnel/Salary		1.00	YR	\$ 2,558,569.00	\$ 2,558,569.00
2	Class-Item 952-26 Fringe Benefits		1.00	YR	\$ 875,516.00	\$ 875,516.00
3	Class-Item 952-26 Contracts, Grants and Agreements		1.00	YR	\$ 320,134.84	\$ 320,134.84



ARIZONA STATE CONTRACT

MASTER CONTRACT - TERM

Page 2 of 2

4	Class-Item 952-26 Non Capital Equipment/Supplies	1.00	YR	\$ 393,909.82	\$ 393,909.82
5	Class-Item 952-26 Materials	1.00	YR	\$ 99,143.24	\$ 99,143.24
6	Class-Item 952-26 Travel	1.00	YR	\$ 143,938.00	\$ 143,938.00
7	Class-Item 952-26 Building Space	1.00	YR	\$ 59,630.08	\$ 59,630.08
8	Class-Item 952-26 Maintenance	1.00	YR	\$ 5,880.00	\$ 5,880.00
9	Class-Item 952-26 Indirect Costs	1.00	YR	\$ 1,112,663.38	\$ 1,112,663.38

TOTAL: \$ 5,597,384.36

Approved By: Tracey Thomas

Phone No.: (802) 542-1011

Attachment 3A
Research Subaward Agreement

Subaward Number: _____

Pass-through Entity Contacts

Pass-through Entity

Name: Arizona Board of Regents on behalf of the University of Arizona

Address: University Services Building
888 N Euclid Avenue, Room 515

City: Tucson

State: AZ

Zip Code: 85719

Pass-through Entity's Administrative Contact

Name: Gina Schwartzberg

Address: Sponsored Project Services
888 N Euclid Avenue, Room 515

City: Tucson

State: AZ

Zip Code: 85719

Telephone: (520) 626-0603

Fax:

E-mail: gxs@email.arizona.edu

Pass-through Entity's Principal Investigator

Name: Scottie Misner

Address: Department of Nutritional Sciences
Shantz Building, Room 309

City: Tucson

State: AZ

Zip Code: 85721

Telephone: (520) 621-7123

Fax:

E-mail: misner@email.arizona.edu

Pass-through Entity's Financial Contact

Name: Joaquin Murphy

Address: Department of Nutritional Sciences
Shantz Building, Room 430
1177 E/ 4th Street

City: Tucson

State: AZ

Zip Code: 85721

Telephone: (520) 626-1971

Fax:

E-mail: joaquinmurphy@email.arizona.edu

Pass-through Entity's Authorized Official

Name:

Address: Contract & Research Support Program
888 N Euclid Avenue, Room 515

City: Tucson

State: AZ

Zip Code: 85719

Telephone: (520) 626-3050

Fax:

E-mail: CRS-ORD@email.arizona.edu

Attachment 3B
Research Subaward Agreement
Subrecipient Contacts

Subaward Number:

Subrecipient Place of Performance

Name: **Pima County Health Department**
Address: **3950 S. Country Club Rd., Suite #100**

City: **Tucson**

State: **AZ**

EIN No.: **86-6000543**

Institution Type:

Zip Code + 4: **85714-2226**
(Look up)

Is Subrecipient currently registered in SAM? ☒ Yes ☐ No

Is Subrecipient exempt from reporting compensation? ☒ Yes ☐ No

If no, please complete 3B page 2

DUNS No.:

Parent DUNS No.:

Congressional District:

Congressional District:

144733792

1, 7 and 8

1, 7 and 8

Subrecipient Administrative Contact

Name: **Sharon Grant**
Address: **Pima County Health Department**
3950 S. Country Club Rd, Suite 100

City: **Tucson**

State: **AZ**

Zip Code: **85714-2226**

Telephone: **(520) 724-7842**

Fax:

E-mail: **Sharon.Grant@pima.gov**

Subrecipient Principal Investigator (PI)

Name: **Francisco Garcia, MD, MPH**
Address: **Pima County Health Department**
3950 S. Country Club Rd, Suite 100

City: **Tucson**

State: **AZ**

Zip Code + 4: **85714-2226**

Telephone: **(520) 724-7931**

Fax:

E-mail: **Francisco.Garcia@pima.gov**

Subrecipient Financial Contact

Name: **Candy Moore**
Address: **Pima County Finance Department**
130 W. Congress, Floor 4

City: **Tucson**

State: **AZ**

Zip Code: **85701-1317**

Telephone: **(520) 724-7783**

Fax:

E-mail: **Candy.Moore@pima.gov**

Subrecipient Authorized Official

Name: **Sharon Bronson, Chair**
Address: **Pima County Board of Supervisors**
130 W. Congress, Floor 11

City: **Tucson**

State: **AZ**

Zip Code: **85701-1317**

Telephone: **(520) 724-8051**

Fax:

E-mail: **Sharon.Bronson@pima.gov**

FDP Version 02.20.2015

Attachment 3B FFATA Reporting Requirements

Definition. "Reporting" includes FFATA Data Elements

Amendment for Updated Reporting Requirements. A unilateral amendment may be issued to update reporting requirements in response to any additional requirements or guidance from the OMB or Sponsor including, but not limited to, the definition of terms and data elements, and specific instructions for reporting and report formats. **No more than 4000 characters allowed.**

For more information on FFATA please visit www.ffata.org

Data to be Reported Prior to Subaward Obligation/Action Date

A. Subaward Project Description

Subrecipient should provide the award title and description of the purpose. The description should capture the overall purpose of the subaward. Example of project description: "Investment in public transportations: replace four 10 year old electric commuter train cars, in addition funds will be used to construct a multi-modal Park and Ride facility featuring: commuter parking, transit hub, bicycle accommodations, and a potential future platform."

Project Description	The Pima County Health Department will partner with the University of Arizona Nutrition Network to implement policy, systems and environment strategies for obesity prevention and to provide evidence-based nutrition and physical activity education to SNAP recipients and SNAP-eligible populations.
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Attachment 4
Research Subaward Agreement
Reporting Requirements

Pass-through Entity will check all that apply that the Subrecipient will agree to:

- ☒ A Final technical/progress report will be submitted to the Pass-through Entity's Financial Contact identified in Attachment 3 within 45 days after the end of the period of performance.
- ☐ Monthly technical/progress reports will be submitted to the Pass-through Entity's Financial Contact identified in Attachment 3, within 45 days of the end of the month.
- ☐ Quarterly technical/progress reports will be submitted within thirty (30) days after the end of each project quarter to the Pass-through Entity's Administrative Contact identified in Attachment 3.
- ☒ Technical/progress reports on the project as may be required by Pass-through Entity's Financial Contact in order that Pass-through Entity may be able to satisfy its reporting obligations to the Federal Awarding Agency.
- ☒ Annual technical /progress reports will be submitted within 45 days prior to the end of each project period to the Pass-through Entity's Financial Contact identified in Attachment 3. Such report shall also include a detailed budget for the next budget period, updated Other Support for key personnel, certification of appropriate education in the conduct of human subject research of any new key personnel, and annual IRB or IACUC approval, if applicable.
- ☒ In accordance with 37 CFR 401.14, Subrecipient agrees to notify PTE's Financial Contact identified in Attachment 3A within 45 days after Subrecipient's inventor discloses invention(s) in writing to Subrecipient's personnel responsible for patent matters. The Subrecipient will submit a final invention report using Awarding Agency specific forms to the PTE's Principal Investigator identified in Attachment 3A within 60 days of the end of the period of performance so that it may be included with the PTE's final invention report to the Awarding Agency. A negative report ☐ is ☒ is not required.
- ☐ A Certification of Completion, in accordance with 2 CFR 200.201(b)(3), will be submitted within 45 days after the end of the project period to the Pass Through Entity's Financial Contact identified in Attachment 3 (for Fixed Price subawards only.)
- ☐ Property Inventory Report; frequency, type, and submission instructions listed here and only to be used when required by PTE Federal Award

Other Special Reporting Requirements

See Attachment 4, Page 2

Attachment 4
Research Subaward Agreement
Reporting Requirements

Page 2

Other Special Reporting Requirements:

Prime Recipient shall reimburse Subrecipient not more often than monthly for allowable costs. All invoices shall be submitted using Subrecipient's standard invoice, supported by a detailed, system-generated financial report, and shall include current and cumulative costs (including cost sharing), subaward number, and certification** as to accuracy and allowability of costs in the invoice. Invoices that do not reference Prime Recipient's Subaward Number shall be returned to Subrecipient. Invoices and questions concerning invoice receipt or payments should be directed to the appropriate party.

Annual financial reports will be due forty-five (45) days following the project's yearly end-date. A detailed final financial report by cost categories, including cost sharing, marked "FINAL", reconciliation of expenses will be due NOT LATER THAN sixty (60) days after the termination of the subaward. The original annual/final financial report should go to the financial contact as shown in Attachments 3A and 3B.

The Subaward Closeout Requirement checklist (attached) will be due with the detailed final financial report and should go to the financial contact as shown in Attachments 3A and 3B.

**Each invoice, annual and final financial report is subject to Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards 2 CFR 200.415- Required Certifications and MUST include or be accompanied by a certification, signed by an official who is authorized to legally bind the SUBCONTRACTOR, which reads as follows:

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Prime Award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812)."



SUBAWARD CLOSEOUT REQUIREMENTS

(To be submitted by Subrecipient upon Subaward completion)

Subaward No. _____ Subrecipient: _____

Please check all that apply.

- ☐ **Final invoice and financial report submitted per the terms of the Subaward.
Invoice No. _____ Invoice Date _____ Amount _____
- ☐ **Technical Report submitted to the University of Arizona's PI per the terms of the Subaward.
- ☐ Required Cost Share has been met and reported.
- ☐ Fixed Price Subaward – End of Award Certification (Attachment 4 of subaward agreement)
- ☐ Patents or inventions:
- ☐ Patents and/or inventions are pending. See attached documentation.
 - ☐ There are no patents or inventions to report.
- ☐ Equipment:
- ☐ Equipment was purchased for this Subaward. See agreement for disposition and/or reporting requirements.
 - ☐ Equipment was NOT purchased for this Subaward.

****The Federal Government's strict enforcement of the 90-day award closeout requires due diligence by the Subrecipient with regards to due dates in the Subaward Agreement.**

I hereby certify the above information is correct and in accordance with the terms of the Subaward.

Subrecipient Signature

Date

Please return completed form and any additional documentation noted above to:

(Financial Contact at UA)

9/10/14 Rev.

Attachment 5 **Cost Reimbursement Research Subaward Agreement**

Statement of Work(SOW)

Cost Sharing

Budget

Statement of Work

Below ☒ or ☐ Attached pages

If award is FFATA eligible and SOW exceeds 4000 characters, include a *Subrecipient Federal Award Project Description*

Cost Sharing:

☐ Yes, Amount \$

☒ No

Budget Information

Below ☐ or ☒ Attached pages

Indirect Cost Rate (IDC) Applied 0.00% on ☐ DC, ☐ MTDC , or ☐ other

☐ Check here if using the de minimis rate of 10 %

Direct Costs
 Indirect Costs
 Total Costs

\$ _____
 \$ _____
 \$ _____

The UANN-PCHD Liaison Position Description

Background

The University of Arizona Nutrition Network (UANN) has partnered with the Pima County Health Department (PCHD) to provide supportive services in the following PCHD departments: School Wellness, Child Care Health, Women, Infant and Children, and Nursing to coordinate healthy eating and active living services, education, materials, and programs in Pima County. In the most recent Request for the Grant Application of the Supplemental Nutrition Assistance Program – Education (SNAP-Ed) the PCHD and the UANN formalized their partnership via a subcontract position within the PCHD. The UANN partners with the PCHD each fiscal year (as funding permits) to implement policy, systems, and environment (PSE) strategies for obesity prevention and to compliment PSE activities with evidence-based nutrition and physical activity education to SNAP-recipient and SNAP-eligible populations. As a formal subcontracting agency, the PCHD will support the UANN to implement PSEs and nutrition and physical activity education opportunities in Pima County. A liaison position was created to facilitate communication between the PCHD and the UANN.

Objectives

1. Provide a clear channel of communication between the PCHD and the UANN.
2. Monitor and track the PCHD service deliverables as they relate to the UANN workplan in the UANN grant and provide required reporting to the UANN.
3. Participate in an advisory capacity to the UANN regarding the joint PCHD and the UANN activities.
4. Oversee the PCHD deliverables as they relate to the UANN data sharing policy.

Responsibilities

1. Provide an effective channel of communication between the PCHD and the UANN.
 - a. Establish a system of communication between the PCHD and the UANN.
 - b. Attend both the PCHD and the UANN team meetings on a regular basis.
 - c. Facilitate quarterly meetings with the PCHD and the UANN staff that includes:
 - Scheduling meetings
 - Setting agendas
 - Leading discussions
 - Tracking attendance
 - Taking detailed notes and producing minutes
 - Coordinating meeting logistics such as location, materials, and equipment
 - d. Coordinate information, questions, and feedback between the PCHD and the UANN.
 - e. Enable early identification of problems or concerns and support effective discussion/action to resolve issues.

- f. Link the UANN with appropriate contacts within the PCHD to coordinate the delivery of PSE strategies in low-income communities and direct education with the SNAP-recipient/eligible populations.
2. Monitor and track the PCHD service deliverables as they relate to the UANN workplan in the UANN grant.
 - a. Assist with facilitating the development and revision of service deliverables from the UANN.
 - b. Manage a comprehensive calendar of trainings provided by the UANN to the PCHD staff and clients.
 - c. Organize and maintain data on the number of materials, services, and resources provided to the PCHD from the UANN.
 - d. Provide monthly reports on PCHD direct education and policy, systems and environmental strategies.
3. Participate in an advisory capacity to the UANN regarding the joint PCHD and the UANN activities.
 - a. Identify and facilitate new opportunities that support the interests of both the PCHD and the UANN.
 - b. Attend demonstrations, trainings, and events as needed.
 - c. Collect the UANN materials and deliver to appropriate PCHD staff/programs as needed.
 - d. Work with the PCHD staff to identify training needs.
 - e. Assist in the scheduling and planning of trainings provided to the PCHD staff for the UANN activities.
4. Oversee the PCHD deliverables as they relate to the UANN data sharing policy.
 - a. Determine data collection needs and the appropriate data resources for specific health data projects.
 - b. Implement efficient procedures for the collection and sharing of data in compliance with the policies and procedures of both agencies.
 - c. Assist the UANN and the PCHD with reports and data extraction when needed.

Salary and Wages		Calculations	
Community Policy Coordinator Wages		0.5 FTE @ \$21.59/hr x 20 hrs per week x 52 weeks	\$ 22,453.60
Subtotal Salary and Wages			<u>\$ 22,453.60</u>
Employee Related Expense		Rate	
Medicare Tax		1.32%	\$ 296.39
ASRS Long-term Disability		0.12%	\$ 26.94
ASRS		11.48%	\$ 2,577.67
Medical		15.75%	\$ 3,536.44
Workmen's Comp		0.47%	\$ 105.53
SUI expense		0.14%	\$ 31.44
Social Security Tax		5.60%	\$ 1,257.40
Employer Pd Life		0.12%	\$ 26.94
			<u>\$ 7,858.76</u>
Total Salary, Wages and Employee Related Expense			<u>\$ 30,312.36</u>