

## BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / GRANTS

C Award C Contract G Grant	
	Requested Board Meeting Date: June 4, 2024
* = Mandatory, information must be provided	or Procurement Director Award:
*Contractor/Vendor Name/Grantor (DBA):	
Early Childhood Development and Health Board / First Thing	s First
*Project Title/Description:	
Child Care Health Consultation	
*Purpose:	
	fiscal year. There are no changes to the Scope of Services. This agreement First/First Things First child care centers and child care homes in Pima County.
*Procurement Method:	
The grant amendment was reviewed and signed by PCAO.	
*Program Goals/Predicted Outcomes:	
Supports the creation of healthier and safer environments providers increasing their quality and star-level rating with	for out-of-home childcare providers, which will lead to early childhood education First Things First.
*Public Benefit:	
Families will benefit knowing that their children are particip	pating in quality child care and will enter the school system ready to learn.
*Metrics Available to Measure Performance:	
<ul><li>Number of participants</li><li>Number and types of child care visits</li><li>Number of trainings</li></ul>	
*Retroactive:	

No.

www. approv's 17/24

## 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?	'es C No If Yes\$	<u> </u>
Contract is fully or partially funded w	idi i caciai i alias:	C No
Were insurance or indemnity clauses If Yes, attach Risk's approval.	modified?	ℂ No
Vendor is using a Social Security Num If Yes, attach the required form per Adr	ibei :	C No
Amendment / Revised Award Infor	mation	
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 ← Inc	rease C Decrease	Amount This Amendment: \$
Is there revenue included?	es C No If Yes \$	
*Funding Source(s) required:	-	<del></del>
Funding from General Fund?		<u></u>
Grant/Amendment Information (fo	and the second s	C Assert & Assert
Document Type: GTAM	Department Code: HD	
Commencement Date: 07/01/2024		
		Revenue Amount: \$ 808,350.00
Water Amount. 5		g Nevertae Amount. 5 <u>000,000.00</u>
*All Funding Source(s) required: Th	is amendment is funded by the	he First Things First State tobacco tax revenues
*Match funding from General Fund	}? ← Yes ← No If Yes	s\$%
*Match funding from other source *Funding Source: N/A	s?	s\$
*If Federal funds are received, is fu	nding coming directly from th	ne Federal government or passed through other organization(s)?
Contact: Sharon Grant		
Department: <u>Health</u>	$\gamma$	Telephone: <u>724-7842</u>
Department Director Signature:	A)V.OLA	Date: 5-16-24
Deputy County Administrator Signatur		Date: 17 Um 7874
County Administrator Signature:	gue	Date: 5 In keep

# ## FIRST THINGS FIRST

## **Grant Renewal Amendment**

## **Grant Renewal/2025 Grant Award**

GRA-STATE-24-1246-01-Y2
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, Arizona 85012 (602) 771-5100

#### **GRANTEE:**

### **Pima County Health Department**

## PURPOSE OF AMENDMENT:

- 1. The parties renew the Grant Agreement for the period of July 1, 2024 through June 30, 2025.
- 2. Total award amount for the grant period is \$808,350
- 3. Contracted Service Units:

Strategy: Child Care Health Consultation

Number of Slots: 224 Total (Pascua Yaqui Tribe: 1, Pima North: 134, Pima South: 81, Tohono O'odham Nation: 8)

- 4. The grantee is responsible for all updated Standards of Practice located in the First Things First Partner and Grant Management System (PGMS) under Grantee Resources/Standards of Practice.
- 5. All other terms and conditions remain unchanged and are according to the original award documents, clarification documents and renewal submission documents.

Appointing Authority or Designee
Pima County Health Department

Contractor hereby acknowledges receipt and understanding of the contract amendment	effective July 1, 2024 once signed and dated below:		
Signature	Josh Allen CFO/COO		
Name	Date		
Title			
Date			

APPROVED AS TO FORM:

Deputy County Attorney

Jonathan Pinkney

## Line-Item Budget and Budget Narrative

## **SFY25 Line-Item Budget**

Budget period: July 1, 2024 - June 30, 2025

<b>Budget Category</b>	Line Item Description	Requested Funds	Total Cost
PERSONNEL SERVICES		Personnel Services Sub Total	\$472,78
	.05 Deputy Division Manager, .50 Program manager, 1 RN- CCHC, 1 Program Coordinator, 6 Health Educators-CCHC, .50 Program Specialist		
EMPLOYEE RELATED EX	PENSES Employ	ee Related Expenses Sub Total	\$117,895
	.05 Deputy Division Manager, .50 Program manager, 1 RN- CCHC, 1 Program Coordinator, 6 Health Educators-CCHC, .50 Program Specialist		
PROFESSIONAL AND OU	ITSIDE SERVICES Professiona	al & Outside Services Sub Total	\$0
	N/A		
TRAVEL		Travel Sub Total	\$23,237
	In-State Travel	\$6,053	<b>V23,23</b>
	Out-of-State Travel	\$17,184	
AID TO ORGANIZATION		ations or Individuals Sub Total	\$0
AID TO ORGANIZATION	N/A	ations of individuals sub fotal	70
OTHER OPERATING EVE	FNCES	One antique Formaneae Sub Tetal	\$120,944
OTHER OPERATING EXP	_	Operating Expenses Sub Total	The state of the s
	Telephones/Communications Services		\$5,940
	Computer		\$2,200
	General Office Supplies		\$5,000
	Books and other training materials		\$4,500
	Postage		\$1,200
	Software (including IT supplies)		¢c 200
	Dues/Subscriptions/Memberships		\$6,300
	Advertising		dr. 000
	Printing/Copying		\$5,000
	Equipment Maintenance		¢40.000
	Professional Development (Staff Training, Conferences, Workshops, Training Fees for Staff)		\$18,000
	Insurance		
	Program Materials & Supplies		\$37,804
	Program Incentives		\$35,000
NON-CAPITAL EQUIPME		Non-Capital Sub Total	\$(
	N/A		
		DIRECT PROGRAM COSTS	\$734,864
ADMINISTRATIVE/INDI	RECT COSTS	Total Admin/Indirect	\$73,486
	Indirect/Admin Costs – 10%		
		TOTAL	\$808,350

**Authorized Signature** 

Date 5-125-25

## **SFY25 Budget Narrative**

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 Deputy Division Manager-VACANT (.05 FTE)	104	Hour	\$37.02	\$3,850
1 Program Manager Sr, CCHC-V.Altamirano (.5 FTE)	1040	Hour	\$38.93	\$40,487
1 CCHC Program Coordinator – Yvette Houston (1 FTE)	2080	Hour	\$25.31	\$52,645
1 CCHC RN-Richard May (1 FTE)	2080	Hour	\$43.62	\$90,730
1 CCHC-Sr. Health Educator-Ryan Lawniczak(1 FTE)	2080	Hour	\$21.11	\$43,909
1 CCHC-Sr. Health Educator-Chris Montgomery (1 FTE)	2080	Hour	\$21.67	\$45,074
1 CCHC-Sr. Health Educator-VACANT (1 FTE)	2080	Hour	\$21.11	\$43,909
1 CCHC-Sr. Health Educator-VACANT (1 FTE)	2080	Hour	\$21.11	\$43,909
1 CCHC-Sr. Health Educator-VACANT (1 FTE)	2080	Hour	\$21.11	\$43,909
1 CCHC-Sr. Health Educator-VACANT (1 FTE) NEW	2080	Hour	\$21.11	\$43,909
1 Program Specialist-Wan Lujan-Yao (.50 FTE)	1040	Hour	\$19.67	\$20,457
Personnel Salary Total				\$472,788

Employee Related Expenses: 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 Deputy Division Manager- VACANT (.05 FTE)	104	Hour	Actual cost	\$930
1 Program Manager Sr, CCHC- V.Altamirano (.5 FTE)	1040	Hour	Actual cost	\$9,054
1 CCHC Program Coordinator – Yvette Houston (1 FTE)	2080	Hour	Actual cost	\$9,207
1 CCHC RN-Richard May (1 FTE)	2080	Hour	Actual cost	\$18,590
1 CCHC-Sr. Health Educator-Ryan Lawniczak(1 FTE)	2080	Hour	Actual cost	\$7,415
1 CCHC-Sr. Health Educator-Chris Montgomery (1 FTE)	2080	Hour	Actual cost	\$7,457
1 CCHC-Sr. Health Educator-VACANT (1 FTE)	2080	Hour	35% salary	\$15,368
1 CCHC-Sr. Health Educator-VACANT (1 FTE)	2080	Hour	35% salary	\$15,368
1 CCHC-Sr. Health Educator-VACANT (1 FTE)	2080	Hour	35% salary	\$15,368
1 CCHC-Sr. Health Educator-VACANT (1 FTE) NEW	2080	Hour	35% salary	\$15,368
1 Program Specialist-Wan Lujan-Yao (.50 FTE)	1040	Hour	Actual cost	\$3,770
ERE and Fringe Benefit Total				\$117,895

<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 found at: <a href="https://gao.az.gov/sites/default/files/2023-09/5095%20Reimbursement%20Rates%20%20231001.pdf">https://gao.az.gov/sites/default/files/2023-09/5095%20Reimbursement%20Rates%20%20231001.pdf</a>

Description	Number	Unit	Rate	Total
Local Mileage (Reimbursement)	3,000	miles	\$.655	\$1,965
Motor Pool	10	Daily Charge	\$150	\$1,500
FTF Summit- Hotel	1	X 8	\$235	\$1,880
FTF Summit- Per Diem	1	X 8	\$88.50	\$708
Conferences – Hotel	2	X 4	\$1,200	\$9,600
(APHA/ NAEYC)	conferences			
Conferences-Per Diem	8	X 1	\$288	\$2,304
Conferences-Air fare (MN & CA)	8	X 1	\$660	\$5,280
Travel Total				\$23,237

Aid to Organizations or Individuals: 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
Computers	1	Once	\$2200	\$2,200
Postage & Freight	12	Monthly	\$100	\$1,200
Printing	1	Annual	varies	\$5,000
General Office Supplies	1	Annual	\$5,000	\$5,000
Books, Videos, Other Training Materials	9	Annual	\$500	\$4,500
Dues, Subscriptions, Memberships	9	Annual	\$700	\$6,300
Program Supplies & Materials	1	Annual	\$37,804	\$37,804
Professional Development	9	Annual	\$2,000	\$18,000
Incentives for Programs/Providers	1	Annual	\$35,000	\$35,000
Other Operating Expenses Total				\$120,944

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	\$734,864	10% of direct cost	10%	\$73,486
Administrative/Indirect Cost Total				\$73,486

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:

X Option A - Administrative Costs: with proper justification, applicants may include an allocation for administrative costs for up to 10% of the total direct costs requested of the grant request. Administrative costs may include allocable direct charges for: costs of financial, accounting, auditing, contracting or general legal services; costs of internal evaluation, including overall management improvement costs; and costs of general liability insurance that protects the agency/organization(s) responsible for operating a program, other than insurance costs solely attributable to the program. Administrative costs may also include that portion of salaries and benefits of the program's director and other administrative staff not attributable to the time spent in support of a specific program.

OR

Option B - Federally Approved Indirect Costs: If your agency/organization has a federally approved indirect cost rate agreement in place, applicants may include an allocation for indirect costs for up to 10% of the direct costs. Applicants must provide a copy of their federally approved indirect cost rate agreement.

Date 5-13-24

**Authorized Signature** 

## ## FIRST THINGS FIRST

## **Program Personnel Table**

In the following table, provide a list of all personnel or positions that will be <u>fully or partially funded</u> through the program (listed under Personnel Services/Salaries in the budget) and the Full-Time Equivalent (FTE) for each position. For Key Personnel positions to be hired (TBH), describe the desired background/experience/degrees and field of study - and for all Key Personnel positions, indicate whether personnel meet the staffing qualifications in the Standards of Practice (SOP).

Key Personnel - those individuals directly responsible for program implementation/services and are fully or partially funded through the proposed program. **FTEs** Meets the SOP funded Background/Expertise\* Name/ Staffing **Key Roles and Responsibilities** through Must include qualifications that align with the Standards of **Position Title** Qualifications Practice (SOP) the Yes/No\*\* program The Public Health Program Manager II provides administrative leadership and oversight of the More than 20 years of experience working in the Maternal/Child Health Programs within the Victoria Altamirano, public health field. Management experience in Community Outreach, Prevention Education Hired before Public Health Program 0.50 Public Health exceeds 5 years. Division. This position provides direct July 1, 2018 Manager II managerial oversight of the Child Care Health Education: MAEd, bachelor's in management. Consultant FTF grant including budget allocation and hiring processes. Richard May, Public Experience working as a Public Health Nurse in Provides assessment, consultation, referral, Health Nurse/CCHC Pima County Health Department. Has experience 1.0 Yes and training to Quality First-enrolled programs. working with children in the clinical setting. Yvette Houston, Public Health Provides assessment, consultation, referral, Experience working with children in childcare and Coordinator/CCHC and training to Quality First-enrolled programs. Yes 1.0 has a bachelor's in public health. Will serve as lead CCHC for the program. Ryan Lawniczak, Experience working as teacher and has worked Provides assessment, consultation, referral, Public Health Educator Yes 1.0 with children of various ages. and training to Quality First-enrolled programs. II/CCHC

Program Total FTEs:			9	
Wan Lujan-Yao, Progra	m Services Specialist, Provides administrative suppor	t to program and staff.		.50
Additional Personnel - those	e individuals partially funded through the proposed program but	who do not directly implement or have direct program oversignment	ght of the program.	
VACANT, (new) Public Health Educator II/CCHC		Provides assessment, consultation, referral, and training to Quality First-enrolled programs		1.0
VACANT, Public Health Educator II/CCHC		Provides assessment, consultation, referral, and training to Quality First-enrolled programs		1.0
VACANT, Public Health Educator II/CCHC		Provides assessment, consultation, referral, and training to Quality First-enrolled programs		1.0
VACANT, Public Health Educator II/CCHC		Provides assessment, consultation, referral, and training to Quality First-enrolled programs		1.0
Chris Montgomery, Public Health Educator II/CCHC	Experience working as an educator working with groups of various ages. Has a degree in English	Provides assessment, consultation, referral, and training to Quality First-enrolled programs.	No but an exemption was approved by FTF	1.0

<sup>\*</sup> Resumes and/or job descriptions for key personnel may be requested at any time but unless otherwise indicated, they do not need to be submitted.

Victoria Altamirano	Public Health Program Manager II	May 13, 2024	
Name/Title		Date	

<sup>\*\*</sup> By signing this document, I assure that all key personnel meet the Personnel/Staff Qualifications outlined in the FTF Standards of Practice or if any personnel do not meet the Staff Qualification standards, they have been approved through the FTF Request for Exemption from Staff Qualification process prior to hire.