



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

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: August 21, 2023

\* = Mandatory, information must be provided

or Procurement Director Award: ☐

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

State of Arizona, Governor's Office of Youth, Faith and Family

**\*Project Title/Description:**

Arizona Parents Commission on Drug Education and Prevention

**\*Purpose:**

This project addresses youth and parental education regarding mental health and substance use in school age youth. The program targets communities with high risk factors with particular focus on vulnerable populations (e.g. low socio-economic status, minority groups, and rural areas). Amendment #1 provides funding for the FY2023-2024 year.

**\*Procurement Method:**

This Grant is a non-procurement agreement and not subject to Procurement rules.

**\*Program Goals/Predicted Outcomes:**

Pima County Health Department will utilize funding under this grant to continue building and fostering partnerships with Intermountain Centers, Pima County school districts, and the Superintendent's Office. This project incorporates education on suicide prevention, substance use, overdose prevention, stigma reduction, crisis intervention, stress management, and mental health for school staff, students, and parents county-wide. There are six different trainings offered with funding from this grant. The trainings range from one hour sessions to eleven weekly sessions.

The primary components of the program include:

1. Strengthening Families Program, an 11-week, evidence-based curriculum facilitated by trained educators who conduct weekly sessions with families and youth regarding youth mental health and substance use.
2. Mental Health First Aid, an 8-hour evidence-based training facilitated by certified trainers to increase critical awareness of mental health crises, suicide prevention, general signs/symptoms of mental health, and appropriate ways to provide support and intervene during a crisis.
3. Question, Persuade, and Refer (QPR) is a 1-2 hour training on suicide prevention. It teaches effective ways to identify a person in distress, how to intervene, and potentially prevent a suicide.
4. NAMI's Ending the Silence is a 50-minute presentation facilitated by trained instructors to engage youth and educators in the school setting to provide effective methods to reduce stigma, increase mental health awareness, and empower youth to become leaders in combating stigma around mental health.
5. Stress Management is a one-hour presentation that teaches methods to reduce stress and various positive coping strategies to provide relaxation and build resilience.
6. Rise of Fentanyl is a one-hour presentation which addresses the dangers of opioids, the increase and prevalence of fentanyl in our community, overdose prevention, safe storage and disposal of medications, and signs/symptoms of addiction.

**\*Public Benefit:**

This project expands the provision of existing promising prevention efforts for communities, parents and youth by supporting a multi-faceted response to the high rates of suicide, drug overdoses, and a growing presence of substance use in Pima County.

**\*Metrics Available to Measure Performance:**

Metrics include the following:

- # and % of workshop participants exhibiting desired change in awareness, knowledge, attitudes & perception
- # of individuals in attendance at each training session
- # of parents/guardians and youth participating as a family unit

**\*Retroactive:**

Yes. Amendment #1 was not received until July 18, 2023; however, the effective date is July 1, 2023. If not approved, Pima County will not receive the funding, limiting its ability to address youth mental health issues through the provision of evidence based training programs.

GMT approved  
(signature) 8/4/23

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: GTAM Department Code: HD Grant Number (i.e., 15-123): 24-012  
Commencement Date: 07/01/2023 Termination Date: 06/30/2024 Amendment Number: 01

☐ Match Amount: \$ \_\_\_\_\_ ☒ Revenue Amount: \$ 199,765.00

**\*All Funding Source(s) required:** Governor's Office of Youth, Faith and Family (State tax revenue from liquor sales)

**\*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

Telephone: 724-7842

Department Director Signature: [Signature] Date: 7/31/2023

Deputy County Administrator Signature: [Signature] Date: 4 Aug 2023

County Administrator Signature: [Signature] Date: 8/6/2023



**GRANTEE AGREEMENT  
No. GR-PC-070122-22Y2**

**Between the**

**STATE OF ARIZONA,  
GOVERNOR'S OFFICE OF YOUTH, FAITH AND FAMILY**

**And**

**PIMA COUNTY HEALTH DEPARTMENT**

Pursuant to Section III, FUNDING INFORMATION of RFGA No. GR-LP-070122-00, the State of Arizona hereby exercises its option to renew Agreement No. GR-PC-070122-22 for a second year of funding. A new award amount for the second year of this Agreement is provided from the Arizona Parents Commission on Drug Education and Prevention Grant Program. Grantee agrees to adhere to the goals, strategies and activities related to Agreement No. GR-PC-070122-22 and the approved, updated grant activities in the Grantee's renewal application for Year Two funding. The attached *Summary of Award – Year 2 Renewal* is incorporated into this Agreement as if fully set forth herein.

**Section 7. PERFORMANCE PERIOD**

The performance period for Year Two grant activities shall be effective July 1, 2023 through June 30, 2024.

**Section 15. AWARD INFO**

Grantor shall provide up to \$199,765 as a new contract award amount for reimbursement of Year Two costs approved in the Grantee's renewal application for Year Two funding in accordance with *Attachment A – Year 2 Budget & Scope of Work*, incorporated into this contract in its entirety.

**Section 20. PROGRAM REPORTING**

The Year Two reporting schedule is as follows:

- Quarter 1: October 16, 2023
- Quarter 2: January 15, 2024
- Quarter 3: April 15, 2024
- Quarter 4: July 15, 2024

Except as specifically stated herein, all other terms and conditions of this Agreement remain unchanged.



**IN WITNESS WHEREOF**, the Parties hereto agree to execute this Agreement.

**PIMA COUNTY HEALTH DEPARTMENT**

[Signature Box]

Adelita Grijalva  
Chair, Pima County Board of Supervisors

Date



APPROVED AS TO FORM:

Deputy County Attorney

**Jonathan Pinkney**

**GOVERNOR'S OFFICE OF YOUTH FAITH  
AND FAMILY**

[Signature Box]

Tonya Hamilton  
Director


Date

[Signature Box]

Travis Price  
Compliance, Finance and Procurement Manager  
Governor's Accounting Office

Date

REVIEWED BY:

  
Appointing Authority or Designee  
Pima County Health Department



**State of Arizona**  
**Governor's Office of Youth, Faith and Family**  
*Summary of Award – Year 2 Renewal*

<b>1. Type of Award</b> Grant Award	<b>2. (Title of Grant)</b> Arizona Parents Commission on Drug Education and Prevention Grant Program		<b>3. Action Type</b> Year 2 Renewal	<b>4. Page 1 of 1</b>
<b>5. Contract No.</b> GR-PC-070122-22Y2	<b>6. Amendment No.</b> N/A	<b>7. Performance Period</b> 07/01/2023 – 06/30/2024	<b>8. Sponsoring Federal Agency</b> N/A	
	<b>9. Effective Date</b> 07/01/2023			
<b>10. Awarded to:</b> Pima County Health Department 3950 S Country Club Road Tucson, AZ 85714	<b>11. Grantee ID</b>  <b>EIN:</b> 86-6000543  <b>UEI:</b> U8XUY58VDQS3	<b>12. Grantee's Program Name</b> Healthy Students, Parents, and Community Engagement (HealthySPACE) program	<b>13. CFDA No.</b> N/A  <b>14. FAIN No.</b> N/A	
<b>15. Award Info</b>  <b>Grant Funding:</b> \$199,765  <b>Grantee Indirect:</b> 10%	<b>15. Agreement Type</b> Cost Reimbursement	<b>16. Program Report Contact</b> Nicole Valenzuela Program Administrator State of Arizona Governor's Office of Youth, Faith and Family 1700 W. Washington, Suite 230 Phoenix, AZ 85007 nvalenzuela@az.gov	<b>17. Statutory Authority</b> Arizona Parents Commission on Drug Education and Prevention A.R.S. §14-1604.17	
	<b>18. Method of Payment</b> ACH or Warrant			
	<b>19. Financial Reporting</b> Monthly 20 days after month end			
<b>20. Program Reporting</b> Quarterly Due Dates:  October 16, 2023 January 15, 2024 April 15, 2024 July 15, 2024  The Governor's Office of Youth, Faith, and Family shall provide the forms for the quarterly reports and fiscal narrative report.	<b>21. Remittance Address</b> State of Arizona Governor's Accounting Office 1700 W. Washington Suite 500 Phoenix, AZ 85007 grantrfr@az.gov	<b>22. Grantee Program Contact</b> Mark Person Program Manager Pima County Health Department 3950 S Country Club Road Tucson, AZ 85714 520-724-7518 mark.person@pima.gov	<b>23. Grantee Financial Contact</b> Donald Gates Business Operations Manager Pima County Health Department 3950 S Country Club Road Tucson, AZ 85714 520-724-7843 donald.gates@pima.gov	

**24. Special Conditions**

*The above grant program is approved subject to such conditions of limitations as are incorporated by reference to the subgrantee's contract materials. Contract materials incorporated by reference include: The Request for Grant Solicitation document No. GR-PC-070122-00; solicitation amendment(s); subgrantee's response application (including scope of work and exhibits); clarification requests and responses; and countersigned Offer and Acceptance Form, all of which are in the possession of the subgrantee.*

The State of Arizona's Uniform Terms and Conditions (Revision No. 10.4) are incorporated into this contract as if fully set forth herein. Copies of this document may be accessed at:

[https://spointra.az.gov/sites/default/files/Uniform%20Terms%20and%20Conditions\\_r10.4\\_05-23\\_0.pdf](https://spointra.az.gov/sites/default/files/Uniform%20Terms%20and%20Conditions_r10.4_05-23_0.pdf)

In the event of any divergence between these contract materials and the Uniform Terms and Conditions, the contract shall control. Grantee warrants that it has read and understands the State of Arizona's Uniform Terms and Conditions (Revision No. 10.4), and agrees to be bound by them in their entirety.

## Attachment Form B2: Budget Narrative

Please provide the original Budget Narrative submitted with the application below.

- If there are **not** any changes please reflect updated renewal dates for SFY24.
- If there have been modifications to the Budget Narrative since the original application, please **BOLD** each item that has been modified.
- **Each line item included on the Budget Narrative must be included in the Line Item Budget (Attachment Form B1).**

### Budget Narrative

Modified ☒ Yes ☐ No

**Budget period: July 1, 2023 – June 30, 2024**

#### HealthySPACE Pima Budget Narrative

**Personnel:** A total of **\$133,360** is requested for personnel costs.

- Pima County Health Department (PCHD) will assign Program Coordinator, Elizabeth Stamm, at 75% Full-Time Equivalent (FTE) to coordinate all activities and ensure achievement of grant goals and objectives. At an annual salary of **\$57,330**, at .75, this cost totals **\$42,998**.
- PCHD will **assign** two Program Specialists (100% FTE), **Leah Morales and Adriana Laigo** to conduct prevention trainings and presentations to both youth and families. Both program specialists have Bachelor's degrees and experience in public health and public speaking. **Each Program Specialist earns an annual salary of \$43,298 and \$40,980, respectively.**
- PCHD will assign Program Manager, Mayra Jeffery, at 10% FTE to provide primary oversight of grant deliverables, budget, and staff. At an annual salary of **\$60,847**, this cost totals **\$6,085**.

**Fringe Benefits:** A total of **\$35,176** is requested for fringe benefits.

- The request is based on actual expenditures for FICA, Unemployment, employer-paid health insurance premiums, workers' compensation, life insurance, Arizona State Retirement System employer contributions, and employer-paid dental insurance premiums for existing employees.

**Travel:** A total of **\$3,434** is requested for travel costs.

- Funding is requested for employee mileage reimbursement for travel to community training sites. PCHD projects a total of **2,294** miles traveled for 2.75 staff, **for the full fiscal year**, reimbursed at the state-approved rate of **\$.625** per mile for a total of **\$1,434**. Additional travel funding is requested for travel, per diem, and lodging for **1 staff to attend an out-of-town conference that has not been determined at this time**. PCHD is calculating a projected cost of **\$2,000 of this out-of-town conference**.

**Supplies:** A total of **\$8,135** is requested for supplies.

Request is based on the following projections:

- Strengthening Families Program will require supplies such as paper, pens, certificates, DVDs, and other office supplies calculated at **\$30** per family, for **35** families served in one year, for a total of **\$1,050**.
- Question Persuade Refer Gatekeeper Training requires booklets, among other office supplies, calculated at \$5.00 per participant, for a total of **190** participants served in one year, for a total of **\$950**.

- Mental Health First Aid trainings require specific materials, handbooks, and certificates. Supplies for these trainings are projected to cost \$500 for each session, for a total of six sessions to be held in the grant year, and a total cost of \$3,000.00.
- Healthy SPACE will require general office and outreach supplies such as paper, toner, and folders for printing of materials such as flyers, posters, and employee business cards, projected at **\$1,100** per 1.0 FTE staff for a total of **\$3,135**.

**Other- Professional Development:** A total of **\$1,500** is requested for staff training.

- Staff training is calculated at **\$1,500 for one staff person to become a certified Mental Health First Aid instructor through a training offered by the National Council for Mental Wellbeing.**

**Indirect Cost:** A total of \$18,160 is requested for indirect costs.

- Indirect cost is calculated at 10% of \$181,604, the total direct costs, for a total of \$18,160. (Since Pima County receives less than \$35 million in direct Federal awards it is not considered a major local government under 2CFR200, Appendix V, B.5. Therefore, Pima County develops a central services cost allocation plan in accordance with Appendix V and an indirect cost proposal under Appendix VII, but does not submit it for federal approval.)

**Grant Total:** The above line-item totals equate to a grand total of \$199,765 requested for the Healthy SPACE project budget for FY **2023-2024**.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Job Title \_\_\_\_\_ Contact Information: \_\_\_\_\_



## Attachment Form B1: Line Item Budget

Please provide the original Line Item Budget submitted with the application.

- If there are **not** any changes please reflect updated renewal dates for SFY24
- If there have been modifications to the Line Item Budget since the original application, please **BOLD** each line item that has been modified.
- Please round budget category totals to the nearest dollar.
- Each line item included on the Line Item Budget must be included in the Budget Narrative (Attachment Form B2).

### Line Item Budget

Modified ☒ Yes ☐ No

Budget period: July 1, 2023 – June 30, 2024

## Budget Report

Program: Parents Commission  
FY 2024  
Stage: Year 2

### Budget Items

Category	Title	Description	Units	Unit Cost	Direct Cost	Indirect Cost	Total Cost
<b>Personnel</b>							
	Program Manager	Mayra Jeffery	0.10	\$60,846.50	\$6,084.65	\$608.47	\$6,693.12
	Program Coordinator	Elizabeth Stamm	0.75	\$57,330.00	\$42,997.50	\$4,299.75	\$47,297.25
	Program Specialists	<b>Leah Morales</b>	1.00	<b>\$43,297.54</b>	<b>\$43,297.54</b>	<b>\$4,329.75</b>	<b>\$47,627.29</b>
	Program Specialists	<b>Adriana Laigo</b>	1.00	<b>\$40,980.16</b>	<b>\$40,980.16</b>	<b>\$4,098.02</b>	<b>\$45,078.18</b>
<b>Personnel Total</b>			<b>2.85</b>	<b>\$202,454.20</b>	<b>\$133,359.85</b>	<b>\$13,335.99</b>	<b>\$146,696.00</b>
<b>Fringe Benefits</b>							
	Mayra Jeffery	Actual rate	0.52	\$6,084.65	\$3,164.02	\$316.40	\$3,480.42
	Elizabeth Stamm	Actual rate	0.20	\$42,997.50	\$8,599.50	\$859.95	\$9,459.45
	Leah Morales	Actual rate	0.20	\$43,297.54	\$8,659.51	\$865.95	\$9,525.46
	Adriana Laigo	Actual rate	0.36	\$40,980.16	\$14,752.86	\$1,475.29	\$16,228.14
<b>Fringe Benefits Total</b>			<b>1.09</b>	<b>\$133,359.85</b>	<b>\$35,175.88</b>	<b>\$3,517.59</b>	<b>\$38,693.00</b>
<b>Travel</b>							
	Local travel for community outreach	Mileage reimbursement	2,294	\$0.63	\$1,433.75	\$143.38	\$1,577.13
	<b>Out of state travel for professional development</b>	<b>Travel, lodging, M&amp;IE</b>	<b>1</b>	<b>\$2,000.00</b>	<b>\$2,000.00</b>	<b>\$200.00</b>	<b>\$2,200.00</b>
<b>Travel Total</b>			<b>2,295</b>	<b>\$2,000.63</b>	<b>\$3,433.75</b>	<b>\$343.38</b>	<b>\$3,777.00</b>

### Supplies

	Office supplies, per FTE	Paper, toner, folders	2.85	\$1,100.00	\$3,135.00	\$313.50	\$3,448.50
	Presentation supplies	Printed materials, DVDs, booklets	1	\$5,000.00	\$5,000.00	\$500.00	\$5,500.00
<b>Supplies Total</b>			<b>3.85</b>	<b>\$6,100.00</b>	<b>\$8,135.00</b>	<b>\$813.50</b>	<b>\$8,949.00</b>
<b>Other</b>							
	Professional Development	Staff training/conference	1	\$1,500.00	\$1,500.00	\$150.00	\$1,650.00
<b>Other Total</b>			<b>1</b>	<b>\$1,500.00</b>	<b>\$1,500.00</b>	<b>\$150.00</b>	<b>\$1,650.00</b>
<b>Budget Total</b>					<b>\$181,604.48</b>	<b>\$18,160.45</b>	<b>\$199,765.00</b>

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Job Title \_\_\_\_\_ Contact Information: \_\_\_\_\_

## Arizona Parents Commission on Drug Education & Prevention Grant Year 2 Renewal Application Scope of Work

### Part A: Scope of Work

Please provide most recently approved Scope of Work. Your application must continue the approved scope of work and serve the same target population unless preapproved by GOYFF staff.

- Are modifications to your Scope of Work needed for this renewal period? ☐ Yes ☒ No
  - If yes, please complete Part B-1 & Part B-2 below.
  - If no, please upload your Scope of Work and reflect the updated SFY24 renewal dates to the digital folder provided.

### Part B-1: Adaptations to Original Contract

Please indicate which section(s) of the Scope of Work will need modification in the checklist below.

- |   |  |                             |
|---|--|-----------------------------|
| 1. <b>Program Summary:</b>                | <b>Modified</b> <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. <b>Needs/Resources:</b>                | <b>Modified</b> <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. <b>The problem or issue addressed:</b> | <b>Modified</b> <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. <b>Strategies/Approaches:</b>          | <b>Modified</b> <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Part B-2: Instructions for Scope of Work Modification Justification

1. In your justification for proposed modification to any section, please include detailed information about the impact to the budget, program beneficiaries, and evidence-based programming. Please note: Modifications to evidence-based programs must include detailed information about the following:
  - a. program structure (how the program is organized and constructed)
  - b. content (the information, skills, and strategies of the program)
  - c. delivery (how the program is adapted and implemented)
  - d. include an explanation of how the core elements of the original research-based intervention will be maintained.)

**(Enter Narrative Here)**

2. Please upload the modified Scope of Work to the digital folder provided.