



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

Award Contract Grant

Requested Board Meeting Date: August 1, 2017

* = *Mandatory, information must be provided*

or Procurement Director Award

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

Arizona Department of Health Services (ADHS)

***Project Title/Description:**

Women, Infants, and Children Program and Farmers' Market Nutrition Program

***Purpose:**

The Arizona Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides nutrition education and breastfeeding support services, supplemental nutritious foods, and referrals to health and social services. WIC serves pregnant, breastfeeding, and postpartum women, infants, and children under the age of five who are determined to be at nutritional risk.

WIC participants may also participate in the Arizona Farmers' Market Nutrition Program (FMNP). WIC families receive Farmers' Market checks to spend for fresh, locally grown vegetables and fruits at approved Farmers' Markets.

Amendment #4 to Contract No. ADHS14-053080 provides the Price Sheet for WIC for Federal Fiscal Year 2018 and increases the total funding from \$1,423,172 to \$1,436,893. Funding for the FMNP is in addition to this. The increase in funding is due to an increase in assigned caseload from 8,900 to 9,000.

The WIC and FMNP Programs are funded by the United States Department of Agriculture.

***Procurement Method:**

Not Applicable - grant award

***Program Goals/Predicted Outcomes:**

The goal of this program is to improve the health of pregnant, postpartum and breastfeeding mothers, as well as their infants and children up to age five, by: 1) providing vouchers for nutritious foods to supplement the diet of low-income participants; 2) providing breastfeeding education and support to increase the number of babies that are breastfed and to increase the duration of breastfeeding; 3) providing nutrition education; and 4) reducing malnutrition.

The Pima County WIC program's contractual goal is to serve an average of 9,000 clients per month during Fiscal Year 2018.

***Public Benefit:**

These programs benefit qualifying low income pregnant, postpartum and breast feeding mothers and their infants and children up to age five in Pima County. During the last fiscal year an average of 8,300 participants were served each month through the Pima County WIC program. For the current fiscal year we anticipate serving approximately 9,000 participants each month.

***Metrics Available to Measure Performance:**

ADHS conducts annual Financial Audits to review cost allowance, financial control improvement and improved Local Agency service. In addition, ADHS conducts biennial Management Evaluations to review management processes, client certification, food package determination, and nutrition education. ADHS also measures monthly/yearly caseload, indicated by the number of clients that pick up their monthly supplemental food vouchers.

***Retroactive:**

No

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): 17-69

Effective Date: 10/1/2017 Termination Date: 9/30/2018 Amendment Number: Four

Match Amount: \$ _____ Revenue Amount: \$ 1,436,893

***All Funding Source(s) required:** U.S. Dept. of Agriculture. Please note that \$435,000 is budgeted for this program from the Health Special Revenue Fund. These do not represent matching funds for federal reporting purposes.

***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)?** Through the Arizona Department of Health Services

Contact: Sharon Grant

Department: Health Telephone: 724-7842

Department Director Signature/Date: _____

Deputy County Administrator Signature/Date: [Signature] 6/30/16

County Administrator Signature/Date: [Signature] 7/5/17

(Required for Board Agenda/Addendum Items)



**INTERGOVERNMENTAL AGREEMENT (IGA)
AMENDMENT**

**ARIZONA DEPARTMENT OF
HEALTH SERVICES**
150 N 18th Avenue, Suite 260
Phoenix, Arizona 85007
(602) 542-1040 MAIN
(602) 542-1741 FAX

CONTRACT No.: ADHS14-053080

AMENDMENT No.: 4

**PROCUREMENT OFFICER
Manuel Gonzales Jr.**

WIC, BFPC AND FMNP SERVICES

Effective October 1, 2017, it is mutually agreed that the Contract referenced is amended as follows:

1. Pursuant to Terms and Conditions of the Agreement, Provision Six (6), Contract Changes, Item 6.1, Amendments, Purchase Orders and Change Orders; The **WIC Price Sheet** in Amendment Three (3) is hereby replaced with the revised **WIC Price Sheet** of this Amendment Four (4). The total budget amount for the **WIC Price Sheet** is increased to **\$1,436,893.00** due to an increase in caseload.
2. The **BFPC Price Sheet** in Amendment Three (3) is hereby replaced with the revised BFPC Price Sheet of this Amendment Four (4). The total budget amount remains the same for the **BFPC Price Sheet** and is still **\$0.00**.
3. In ProcureAZ the "Items" Tab of the Master Blanket Purchase Order will be revised to reflect the pricing upon execution of this Amendment Four (4).

ALL OTHER PROVISIONS OF THIS AGREEMENT SHALL REMAIN IN THEIR ENTIRETY.

CONTINUED ON NEXT PAGE

CONTRACTOR SIGNATURE

PIMA COUNTY HEALTH DEPARTMENT

Contractor Name

3950 S. COUNTRY CLUB RD., SUITE 100

Address

TUCSON

ARIZONA

85714-2099

City

State

Zip

Contractor Authorized Signature

Printed Name

Title

CONTRACTOR ATTORNEY SIGNATURE

Pursuant to A.R.S. § 11-952, the undersigned public agency attorney has determined that this Intergovernmental Agreement is in proper form and is within the powers and authority granted under the laws of the State of Arizona.

Paula I. Ferrera
Signature

6-26-17
Date

Paula I. Ferrera
Printed Name

This Intergovernmental Agreement Amendment shall be effective the date indicated. The Public Agency is hereby cautioned not to commence any billable work or provide any material, service or construction under this IGA until the IGA has been executed by an authorized ADHS signatory.

State of Arizona

Signed this _____ day of _____ 20__

Procurement Officer


Attorney General Contract No. P0012014000078, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney General, who has determined that it is in proper form and is within the powers and authority granted under the laws of the State of Arizona.

Signature
Assistant Attorney General

Date

Printed Name:

REVIEWED BY: *[Signature]*
Appointing Authority or Designee
Pima County Health Department

	INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT		ARIZONA DEPARTMENT OF HEALTH SERVICES 150 N 18 th Avenue, Suite 260 Phoenix, Arizona 85007 (602) 542-1040 MAIN (602) 542-1741 FAX
	CONTRACT No.: ADHS14-053080	AMENDMENT No.: 4	PROCUREMENT OFFICER Manuel Gonzales Jr.

REVISED PRICE SHEET

Agency Name: Pima County Health Department
Agency DUNS number: 144733792
Federal Award Identification Number (FAIN): 187AZAZ7W1003
Federal Award Date: October 1, 2017
CFDA number and name: 10.557 Special Supplemental Nutrition Program for Women, Infants, and Children


OCTOBER 1, 2017 TO SEPTEMBER 30, 2018

WOMEN, INFANTS, AND CHILDREN (WIC)	
LINE ITEM BUDGET	AMOUNT
PERSONNEL COSTS/SALARY EXPENSES	\$851,210.00
EMPLOYEE RELATED EXPENSES	\$391,522.00
PROFESSIONAL & OUTSIDE Services	\$4,500.00
TRAVEL EXPENSES	\$4,093.00
OCCUPANCY EXPENSES	\$1.00
OTHER OPERATING EXPENSES	\$35,312.00
CAPITAL OUTLAY EXPENSES	\$1.00
INDIRECT COST EXPENSES (IF AUTHORIZED)	\$1.00
RD SUPPLEMENT	\$150,253.00
TOTAL \$1,436,893.00	

Federal Award Identification Number (FAIN): 177AZAZ1W5003
Federal Award Date: October 1, 2017
CFDA number and name: 10.557 Special Supplemental Nutrition Program for Women, Infants, and Children

OCTOBER 1, 2017 TO SEPTEMBER 30, 2018

BREASTFEEDING PEER COUNSELING SERVICES (BFPC)	
LINE ITEM BUDGET	AMOUNT
PERSONNEL COSTS/SALARY EXPENSES	\$0.00
EMPLOYEE RELATED EXPENSES	\$0.00
PROFESSIONAL & OUTSIDE EXPENSES	\$0.00
TRAVEL EXPENSES	\$0.00
OCCUPANCY EXPENSES	\$0.00
OTHER OPERATING EXPENSES	\$0.00
CAPITAL OUTLAY EXPENSES	\$0.00
INDIRECT COST EXPENSES (IF AUTHORIZED)	\$0.00
TOTAL \$0.00	

	INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT		ARIZONA DEPARTMENT OF HEALTH SERVICES 150 N 18 th Avenue, Suite 260 Phoenix, Arizona 85007 (602) 542-1040 MAIN (602) 542-1741 FAX
	CONTRACT No.: ADHS14-053080	AMENDMENT No.: 4	PROCUREMENT OFFICER Manuel Gonzales Jr.

MARCH 1, 2018 TO SEPTEMBER 30, 2018

FARMER'S MARKET NUTRITION PROGRAM (FMNP)			
TYPE OF SERVICE	UNIT RATE	UNIT OF MEASURE	ESTIMATED NUMBER OF PARTICIPANTS
WIC FMNP CHECK ISSUANCE	\$1.25	WIC Participant	AS NEEDED

ADDITIONAL TERMS AND CONDITIONS:

With prior written approval from the Program Manager, the Contractor is authorized to transfer up to a maximum of ten percent (10%) of the total budget amount between funded line items except for Registered Dietitian Expenses. Transfers of funds are only allowed between funded line items. Transfers exceeding ten percent (10%) or to a non-funded line item shall require an amendment. The Registered Dietitian line item is meant to fund additional Registered Dietitian position(s) to meet high-risk counseling requirements.

Authorization for purchase of services under this Contract shall be made only upon ADHS issuance of a Purchase Order that is signed by an authorized agent. The Purchase Order will indicate the Contract number and the dollar amount of funds authorized. The Contractor shall only be authorized to perform services up to the amount on the Purchase Order. ADHS shall not have any legal obligation to pay for services in excess of the amount indicated on the Purchase Order. No further obligation for payment shall exist on behalf of ADHS unless a.) the Purchase Order is modified with an official ADHS Procurement Change Order, and/or b.) an additional Purchase Order is issued for purchase of services under this Contract.

ADHS reserves the right to adjust awards given to local agencies depending on federal dollars received. Adjustments will be at the discretion of ADHS.

ADDITIONAL WIC PROGRAM:

Should additional administrative monies become available through state or federal grants, ADHS may increase the purchase order to increase the number of participants served and increase the total of this contract.

The assigned caseload for FFY 2018 is: 9,000

ADDITIONAL BREASTFEEDING PEER COUNSELING PROGRAM:

Allowable costs for the Peer Counseling Program include compensation for peer counselors and designated peer counselor managers/coordinators, and related costs such as training and training materials; telephone expenses for participant contacts (including pager, cell phones and answering machines); travel for training and home and hospital visits; recruitment of peer counseling staff; and the purchase of demonstration materials (e.g., breast pumps for demonstration purposes, videos). Out of state travel must be pre-approved by ADHS. Items and materials for distribution to WIC participants (e.g. breast pumps, breastfeeding aids, written materials) are not allowable costs.

FARMER'S MARKET NUTRITION PROGRAM:

If funding for additional FMNP checks becomes available and the contract budget (as shown on the Contract Price Sheet) has been fully expended, Contractor may choose whether or not to distribute the additional checks with no increase in the contract budget.

ALL OTHER PROVISIONS OF THIS AGREEMENT SHALL REMAIN IN THEIR ENTIRETY.