



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

Award  Contract  Grant

**Requested Board Meeting Date:** November 7, 2023

*\* = Mandatory, information must be provided*

**or Procurement Director Award:**

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

Centers for Disease Control and Prevention (CDC)

**\*Project Title/Description:**

Racial and Ethnic Approaches to Community Health (REACH) Pima Partnership

**\*Purpose:**

The REACH Pima Partnership brings together entities with a history of successful collaboration on health and wellness issues among American Indian (AI) and Mexican-American (MA) populations throughout Pima County. The partners build on existing Community Action Coalitions to develop and implement culturally and socioeconomically tailored interventions that specifically engage MA and AI communities in Pima County.

Amendment #7 provides a three month no-cost extension of the supplemental vaccination funds, now expiring December 29, 2023.

**\*Procurement Method:**

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

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

The REACH Supplement Program aims to work with communities to identify and address drivers of vaccine hesitancy, empower community partner voice to support vaccine awareness and resource delivery through educational media campaigns and events, and increase vaccination opportunities by building partnerships between vaccination providers, community partners and members to increase the number, range, and access to vaccines.

**\*Public Benefit:**

The REACH Supplement program seeks to have as many County residents in REACH priority areas vaccinated against the flu and COVID as possible. This will help reduce the onset of chronic conditions, reduce the spread of respiratory illnesses, and decrease overcrowding in hospitals and clinics due to respiratory related illness.

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

The work plan includes outcome measures such as number of community support actions, number of marketing media and materials distributed to community-based organizations and other partners, vaccines delivered, number of vaccination events held and of partnerships formed.

**\*Retroactive:**

Yes. The previous amendment to this grant expired on September 29, 2023. If not approved, the County will leave some grant funding unspent and will not be able to continue vaccination with these funds for three more months.

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.: 01
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): 24-032
Commencement Date: 09/30/2023 Termination Date: 12/29/2023 Amendment Number: 07

Match Amount: \$ \_\_\_\_\_ Revenue Amount: \$ \_\_\_\_\_

\*All Funding Source(s) required: Centers for Disease Control and Prevention (CDC) (Department of Health and Human Services)

\*Match funding from General Fund? Yes No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

\*Match funding from other sources? Yes No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

\*Funding Source: \_\_\_\_\_

\*If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?
Directly from the Federal government

Contact: Sharon Grant

Department: Health

Telephone: 724-7842

Department Director Signature: \_\_\_\_\_ Date: 10/10/23

Deputy County Administrator Signature: \_\_\_\_\_ Date: 20042023

County Administrator Signature: \_\_\_\_\_ Date: 10/20/23



Recipient Information	Federal Award Information
<p><b>1. Recipient Name</b> PIMA COUNTY 3950 S Country Club Rd STE 100 Tucson, AZ 85714-2226 [NO DATA]</p> <p><b>2. Congressional District of Recipient</b> 03</p> <p><b>3. Payment System Identifier (ID)</b> 1866000543A2</p> <p><b>4. Employer Identification Number (EIN)</b> 866000543</p> <p><b>5. Data Universal Numbering System (DUNS)</b> 144733792</p> <p><b>6. Recipient's Unique Entity Identifier (UEI)</b> URXUY58VDQS3</p> <p><b>7. Project Director or Principal Investigator</b>  Dr. Francisco Garcia Program Director Francisco.Garcia@Pima.gov 520-724-7733</p> <p><b>8. Authorized Official</b>  Dr. Donald L. Gates Business Operations Manager Donald.Gates@pima.gov 520-724-7939</p>	<p><b>11. Award Number</b> 6 NU58DP006600-05-02</p> <p><b>12. Unique Federal Award Identification Number (FAIN)</b> NU58DP006600</p> <p><b>13. Statutory Authority</b> 317(K)(2) 42 USC 247B(K)(2)</p> <p><b>14. Federal Award Project Title</b> REACH Pima Partnership</p> <p><b>15. Assistance Listing Number</b> 93.738</p> <p><b>16. Assistance Listing Program Title</b> PPHF 2012: Racial and Ethnic Approaches to Community Health Program financed solely by 2012 Public Prevention and Health Funds</p> <p><b>17. Award Action Type</b> No Cost Extension</p> <p><b>18. Is the Award R&amp;D?</b> No</p>
<p><b>Federal Agency Information</b> CDC Office of Financial Resources</p> <p><b>9. Awarding Agency Contact Information</b> Thelma Jackson Grants Management Specialist koy8@cdc.gov 770-488-4823</p> <p><b>10. Program Official Contact Information</b> Everett Jackson Public Health Advisor pvw4@cdc.gov 1111111111</p>	<p style="text-align: center;"><b>Summary Federal Award Financial Information</b></p> <p><b>19. Budget Period Start Date</b> 09/30/2022 - <b>End Date</b> 12/29/2023</p> <p><b>20. Total Amount of Federal Funds Obligated by this Action</b> \$0.00</p> <p>    20a. Direct Cost Amount \$0.00</p> <p>    20b. Indirect Cost Amount \$0.00</p> <p><b>21. Authorized Carryover</b> \$0.00</p> <p><b>22. Offset</b> \$53,997.00</p> <p><b>23. Total Amount of Federal Funds Obligated this budget period</b> \$1,151,882.00</p> <p><b>24. Total Approved Cost Sharing or Matching, where applicable</b> \$0.00</p> <p><b>25. Total Federal and Non-Federal Approved this Budget Period</b> \$1,151,882.00</p> <p><b>26. Period of Performance Start Date</b> 09/30/2018 - <b>End Date</b> 12/29/2023</p> <p><b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b> \$4,999,125.00</p> <p><b>28. Authorized Treatment of Program Income</b> ADDITIONAL COSTS</p> <p><b>29. Grants Management Officer - Signature</b> Ms. Pamela Render Grants Management Officer</p>
<p><b>30. Remarks</b></p>	



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU58DP006600-05-02

FAIN# NU58DP006600

Federal Award Date: 10/11/2023

**Recipient Information**

**Recipient Name**  
PIMA COUNTY  
3950 S Country Club Rd STE 100  
Tucson, AZ 85714-2226  
[NO DATA]

**Congressional District of Recipient**  
03

**Payment Account Number and Type**  
1866000543A2

**Employer Identification Number (EIN) Data**  
866000543

**Universal Numbering System (DUNS)**  
144733792

**Recipient's Unique Entity Identifier (UEI)**  
U8XUY58VDQS3

**31. Assistance Type**  
Cooperative Agreement

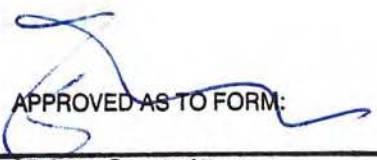
**32. Type of Award**  
Other

**33. Approved Budget**  
(Excludes Direct Assistance)

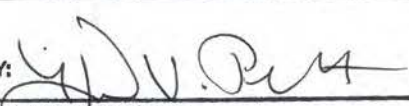
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$394,631.00
b. Fringe Benefits	\$138,117.00
c. Total Personnel Costs	\$532,748.00
d. Equipment	\$0.00
e. Supplies	\$11,500.00
f. Travel	\$3,338.00
g. Construction	\$0.00
h. Other	\$38,279.00
i. Contractual	\$510,389.00
<b>j. TOTAL DIRECT COSTS</b>	<b>\$1,096,254.00</b>
<b>k. INDIRECT COSTS</b>	<b>\$109,625.00</b>
<b>l. TOTAL APPROVED BUDGET</b>	<b>\$1,205,879.00</b>
m. Federal Share	\$1,205,879.00
n. Non-Federal Share	\$0.00

**34. Accounting Classification Codes**

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390GR3	18NU58DP006600C5	DP	41.51	93.738	\$0.00	75-2124-0943

APPROVED AS TO FORM: 

Deputy County Attorney  
**Jonathan Pinkney**

REVIEWED BY: 

Appointing Authority or Designee  
Pima County Health Department



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU58DP006600-05-02

FAIN# NU58DP006600

Federal Award Date: 10/11/2023

**Direct Assistance**

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

# AWARD ATTACHMENTS

PIMA COUNTY

6 NU58DP006600-05-02

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1. Terms and Conditions REACH COVID/Flu No Cost Extension

## ADDITIONAL TERMS AND CONDITIONS OF AWARD

**No-Cost Extension:** The purpose of this amendment is to approve a **3-month** No-Cost Extension COVID/Flu supplement per the request submitted by your organization dated **September 28, 2023**. The date has been extended in Payment Management System to **December 29, 2023**.

## CLOSEOUT REQUIREMENTS

Recipients must submit all closeout reports identified in this section within 90 days of the period of performance end date. The reporting timeframe is the full period of performance. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

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

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

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

**Final Federal Financial Report (FFR, SF-425):** The FFR should only include those funds authorized and actually expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted no later than 90 days after the period of performance end date.

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

**Equipment and Supplies - Tangible Personal Property Report (SF-428):** A completed Tangible Personal Property Report SF-428 and Final Report SF-428B addendum must be submitted, along with any Supplemental Sheet SF-428S detailing all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. Electronic versions of the forms can be downloaded by visiting:

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

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

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

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