



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

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: August 8, 2023

\* = Mandatory, information must be provided

or Procurement Director Award: ☐

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

Arizona Department of Health Services (ADHS)

**\*Project Title/Description:**

Well Woman Health Check Program (WWHP)

**\*Purpose:**

Provide access for uninsured and underinsured women to receive breast and cervical cancer screening and diagnostic services. Provide Navigation Only services for insured women to assist them in receiving breast and cervical cancer screening.

ADHS decided to issue short term (no more than two years) "Competition Impracticable" contracts state-wide last year. The IGA was extended to Jan. 28, 2024 in February 2023. This amendment adds a new Price Sheet, revises Exhibit 1, and adds Exhibit 3, both 2 CRF 200.332 forms.

**\*Procurement Method:**

This Revenue Contract is a non-Procurement contract and not subject to Procurement rules.

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

The program aims to provide:

- Clinical breast exams, mammograms and pap/HPV tests to eligible women;
- Diagnostic services to detect breast and cervical cancers for women with abnormal screening results;
- Case management to ensure that women access and receive services;
- Navigation Only to provide individualized service planning and assistance in securing access to services for insured women for breast and cervical cancer screening;
- Development of Survivorship Care Plans for cancer survivors;
- Training and education about the program to community members and health professionals; and
- Provide assistance to members of the community to enroll on the Breast and Cervical Cancer Treatment Program (BCCTP)

**\*Public Benefit:**

The WWHP program in Pima County has been providing screening and diagnostic services since 1995 through subcontracts with community providers. In FY 22-23, over 2,254 services were provided for breast and cervical screening, approximately 360 were referred for further diagnostics, and 9 were referred for cancer treatment. In addition to screening and diagnostic services, the program educated at-risk and vulnerable women about breast and cervical health, the importance of regular screening and early detection, and community resources that are available.

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

- # of mammograms provided
- # of pap and HPV tests
- # of women referred for future diagnostics
- # of women referred for cancer treatment
- # of women provided Navigation Only services
- # of community referrals assisted to enroll on BCCTP

**\*Retroactive:**

Yes. The final version of this amendment was received on July 6, 2023, however the enclosed Price Sheet takes effect on June 30, 2023. If the BOS does not approve the grant, PCHD will need to close or drastically limit the WWHP services they provide resulting in reduced access to critical screening and diagnostic services for uninsured and underinsured women in Pima County.

bmtI approves  
(Pet) 7/21/23

**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): 24-003  
 Commencement Date: 06/30/2023 Termination Date: 01/28/2024 Amendment Number: 02  
☐ Match Amount: \$ \_\_\_\_\_ ☒ Revenue Amount: \$ 277,025.00

**\*All Funding Source(s) required:** Centers for Disease Control and State funding (ADOT and other)

**\*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)?**  
via the Arizona Department of Health Services

Contact: Sharon Grant

Department: Health

Telephone: 724-7842

Department Director Signature: \_\_\_\_\_

Date: 7/17/2023

Deputy County Administrator Signature: \_\_\_\_\_

Date: 21 July 2023

County Administrator Signature: \_\_\_\_\_

Date: 7/21/23



## CONTRACT AMENDMENT

ARIZONA DEPARTMENT OF  
HEALTH SERVICES  
OFFICE OF PROCUREMENT  
150 N 18<sup>th</sup> Ave., Ste. #530  
Phoenix, Arizona 85007

CONTRACT NO.: CTR059661

AMENDMENT NO.: 2

Procurement Officer  
Diana Landeros

### WELL WOMAN HEALTH CHECK PROGRAM

Effective upon signature by both parties, it is mutually agreed that the Contract referenced in this Amendment Two (2) is amended as follows:

1. Pursuant to the Uniform Terms and Conditions, Provision Five (5), Contract Changes, Section 5.1, the Contract is hereby revised with the following:
  - 1.1 The Price Sheet is revised and replaced;
  - 1.2 Exhibit One (1) is revised and replaced; and
  - 1.3 Exhibit Three (3) is added.

ALL CHANGES ARE REFLECTED IN **RED**

The Contractor hereby acknowledges receipt and acceptance of above amendment and that a signed copy must be filed with the Procurement Office before the effective date.

The above referenced Contract Amendment is hereby executed this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ at Phoenix, Arizona.

(To be filled out by Procurement Office)

Contractor Signature

Contractor Signature Date

Authorized Signatory's Name and Title

PIMA COUNTY HEALTH DEPARTMENT

Contractor's Name

Procurement Officer Signature

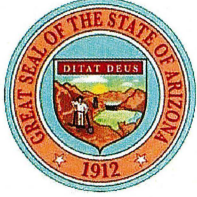
APPROVED AS TO FORM:

Deputy County Attorney

REVIEWED BY:

Appointing Authority or Designee  
Pima County Health Department



	<b>CONTRACT AMENDMENT</b>		<b>ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF PROCUREMENT</b> 150 N 18 <sup>th</sup> Ave., Ste. #530 Phoenix, Arizona 85007
	<b>CONTRACT NO.: CTR059661</b>	<b>AMENDMENT NO.: 2</b>	Procurement Officer <b>Diana Landeros</b>

**REVISED PRICE SHEET**

**June 30, 2022- June 29, 2023**

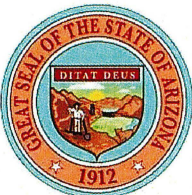
<b>DESCRIPTION</b>	<b>AMOUNT</b>
Personnel and ERE	\$230,000.00
Screening and Diagnostic (Payment for covered services shall be made per reimbursement rates in accordance with current Medicare Part B allowable rates and as provided on the Purchase Order)	\$291,000.00
Navigation Only	\$6,050.00
Sub Recipient Indirect (Paid for by other direct funds)	\$3,000.00
Other Operating Expenses	\$3,000.00
<b>TOTAL NOT TO EXCEED \$533,050.00</b>	

**Note:** With prior consent of the Well Woman HealthCheck Program Director and as approved on the CER, the Contractor is authorized to transfer up to a maximum of twenty percent (20%) of the total budget between line items. Transfers exceeding twenty percent (20%) or to a non-funded line item shall require an Amendment. The Contractor must maintain federal funding requirements.

**June 30, 2023 - Jan 28, 2024**

<b>DESCRIPTION</b>	<b>AMOUNT</b>
Personnel and ERE	\$138,000.00
Screening and Diagnostic (Payment for covered services shall be made per reimbursement rates in accordance with current Medicare Part B allowable rates and as provided on the Purchase Order)	\$134,425.00
Navigation Only	\$600.00
Sub Recipient Indirect (Paid for by other direct funds)	\$2,000.00
Other Operating Expenses	\$2,000.00
<b>TOTAL NOT TO EXCEED \$277,025.00</b>	

**Note:** With prior consent of the Well Woman HealthCheck Program Director and as approved on the CER, the Contractor is authorized to transfer up to a maximum of twenty percent (20%) of the total budget between line items. Transfers exceeding twenty percent (20%) or to a non-funded line item shall require an Amendment. The Contractor must maintain federal funding requirements.

	<h1 style="text-align: center;">CONTRACT AMENDMENT</h1>		<b>ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF PROCUREMENT</b> 150 N 18 <sup>th</sup> Ave., Ste. #530 Phoenix, Arizona 85007
			Procurement Officer <b>Diana Landeros</b>
	<b>CONTRACT NO.: CTR059661</b>	<b>AMENDMENT NO.: 2</b>	

**Exhibit One (1) - 2 CFR 200.332**

**§ 200.332**

Requirements for pass-through entities.

All pass-through entities must:

(a) Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the following information at the time of the subaward and if any of these data elements change, include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the Federal award and subaward.

Prime Awardee:

Arizona Department of Health Services

DUNS #

804745420

Federal Award Identification (Grant Number):

**1 NU58DP007089-01-00**

Subrecipient name (which must match the name associated with its unique entity identifier):

Pima County Health Department

Subrecipient's unique entity identifier (DUNS #):

U8XUY58VDQS3

Federal Award Identification Number (FAIN, sometimes it's the same as the Grant Number):

**NU58DP007089**

Federal Award Date (see the definition of Federal award date in § 200.1 of this part) of award to the recipient by the Federal agency;

05/26/2022

Subaward Period of Performance Start and End Date;

06/30/2022-06/29/2027

Subaward Budget Period Start and End Date:

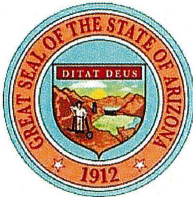
06/30/2022-06/29/2023

Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient (this is normally the contract amount):

**\$533,050.00**

Total Amount of Federal Funds Obligated to the subrecipient by the pass-through entity including the current financial obligation (how much is available for contracts):

\$3,226,408.00

	<b>CONTRACT AMENDMENT</b>		<b>ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF PROCUREMENT</b> 150 N 18 <sup>th</sup> Ave., Ste. #530 Phoenix, Arizona 85007
	<b>CONTRACT NO.: CTR059661</b>	<b>AMENDMENT NO.: 2</b>	Procurement Officer <b>Diana Landeros</b>

Total Amount of the Federal Award committed to the subrecipient by the pass-through entity

\$4,318,880.00

Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)

Arizona Cancer Prevention, Control and Surveillance

Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity

Department of Health and Human Services Center for Disease Control & Prevention

Assistance Listings number and Title; the pass-through entity must identify the dollar amount made available under each Federal award and the Assistance Listings Number at time of disbursement:

93.898- Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations


Identification of whether the award is R&D

No

Indirect cost rate for the Federal award (including if the de minimis rate is charged) per § 200.414

0.01%



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	<b>CONTRACT NO.: CTR059661</b>	<b>AMENDMENT NO.: 2</b>	Procurement Officer <b>Diana Landeros</b>

## Exhibit Three (3) - 2 CFR 200.332

### § 200.332

#### Requirements for pass-through entities.

#### All pass-through entities must:

(a) Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the following information at the time of the subaward and if any of these data elements change, include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the Federal award and subaward.

**Prime Awardee:**

**Arizona Department of Health Services**

**DUNS #**

**804745420**

**Federal Award Identification (Grant Number):**

**1 NU58DP007089-02-00**

**Subrecipient name (which must match the name associated with its unique entity identifier):**

**Pima County Health Department**

**Subrecipient's unique entity identifier (DUNS #):**

**U8XUY58VDQS3**

**Federal Award Identification Number (FAIN, sometimes it's the same as the Grant Number):**

**NU58DP007089**

**Federal Award Date (see the definition of Federal award date in § 200.1 of this part) of award to the recipient by the Federal agency;**

**05/18/2023**

**Subaward Period of Performance Start and End Date;**

**06/30/2022-06/29/2027**

**Subaward Budget Period Start and End Date:**

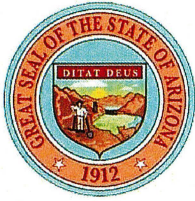
**06/30/2022-01/28/2024**

**Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient (this is normally the contract amount):**

**\$277,025.00**

**Total Amount of Federal Funds Obligated to the subrecipient by the pass-through entity including the current financial obligation (how much is available for contracts):**

**\$2,985,675.00**



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150 N 18<sup>th</sup> Ave., Ste. #530  
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CONTRACT NO.: CTR059661

AMENDMENT NO.: 2

Procurement Officer  
Diana Landeros

Total Amount of the Federal Award committed to the  
subrecipient by the pass-through entity

\$4,393,880.00

Federal award project description, as required to be  
responsive to the Federal Funding Accountability and  
Transparency Act (FFATA)

Arizona Cancer Prevention, Control and  
Surveillance

Name of Federal awarding agency, pass-through entity,  
and contact information for awarding official of the Pass-  
through entity

Department of Health and Human Services Center  
for Disease Control & Prevention

Assistance Listings number and Title; the pass-through  
entity must identify the dollar amount made available  
under each Federal award and the Assistance Listings  
Number at time of disbursement:

93.898- Cancer Prevention and Control Programs  
for State, Territorial and Tribal Organizations

Identification of whether the award is R&D

No

Indirect cost rate for the Federal award (including if the  
de minimis rate is charged) per § 200.414

0.01%

**ALL OTHER PROVISIONS SHALL REMAIN IN THEIR ENTIRETY**