



BOARD OF SUPERVISORS AGENDA ITEM REPORT  
AWARDS / CONTRACTS / GRANTS

Award  Contract  Grant

Requested Board Meeting Date: August 13, 2024

\* = Mandatory, information must be provided

or Procurement Director Award:

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

Arizona Department of Health Services (ADHS)

**\*Project Title/Description:**

Sexually Transmitted Infection (STI) Investigations

**\*Purpose:**

The purpose of this Intergovernmental Agreement amendment is to accept the revised price sheet. Amendment #1 moved \$1.00 from Professional & Outside Services to Personnel Services in order to zero out Professional & Outside Services. In addition, the ending date for the Price Sheet was moved from 12/31/2024 to 1/31/2025.

**\*Procurement Method:**

The grant award amendment was reviewed and signed by PCAO.

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

Decrease the prevalence and transmission of sexually transmitted infections (STIs) in the community through proper screening, timely treatment, and increased education of at-risk populations: adolescents, young adults, men who have sex with men, and women of childbearing age.

**\*Public Benefit:**

The Health Department has a statutory obligation to investigate infectious or contagious disease and adopt measures to prevent the spread of disease as referenced in ARS 36-624.

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

- Number of early syphilis cases that have at least one partner treated in 30 days of initial test by 10%.
- Number of syphilis cases that are screened for HIV/AIDS within 30 days of initial syphilis test by 15%.
- Number of STD records with complete data for key epidemiological fields by 10%.
- Number of STD records dispositioned within 30 days by 10%.

**\*Retroactive:**

Yes. ADHS moved one dollar from the Professional & Outside Services budget category to Personnel Services in order to close out that line. The Price Sheet is effective January 1, 2024. If not approved, Health would be at risk of losing this important grant.

*6 MSL approves  
REC 7/26/2024*

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: Grant Amendment Department Code: HD Grant Number (i.e., 15-123): 69948
Commencement Date: 01/01/2024 Termination Date: \_\_\_\_\_ Amendment Number: 01
Match Amount: \$ \_\_\_\_\_ Revenue Amount: \$ \_\_\_\_\_

\*All Funding Source(s) required: Center for Disease Control and Prevention (federal) / Arizona Dept. of Health 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)?
Received via ADHS

Contact: Craig McCarthy

Department: Health

Telephone: 724-7614

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

Date: 6-20-24

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

Date: 29 July 2024

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

Date: 7/29/2024



# INTERGOVERNMENTAL AGREEMENT (IGA)

## Amendment

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
OFFICE OF PROCUREMENT**  
150 N. 18<sup>th</sup> Ave., Suite 530  
Phoenix, Arizona 85007  
Procurement Officer:  
**Darnell Welch**

Contract No.: CTR068852

IGA Amendment No: One (1)

### Sexually Transmitted Infection Investigations

It is mutually agreed that the Intergovernmental Agreement referenced is amended as follows:

1. Pursuant to Terms and Conditions, Provision Six (6) Contract Changes, subsection 6.1 Amendments, the Contract is hereby revised with the following:

1.1. The Price Sheet is revised and replaced.

ALL CHANGES ARE REFLECTED IN **RED**

All other provisions of this agreement remain unchanged.

**Pima County Health Department**

Contractor Name:  
3950 S. County Club Rd, Suite 100

Address:  
Tucson AZ 85714  
City State Zip

County Authorized Signature

Print Name

Title and Date

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 Arizona

6/20/24

Signature Date

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 \_\_\_\_\_ 2024.

**Jonathan Pinkney**

Print Name

Procurement Officer

Contract No.: **CTR068852**, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney, 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 Date

Assistant Attorney General

Print Name

REVIEWED BY:

Appointing Authority or Designee  
Revised 04/08/2024 Pima County Health Department





**INTERGOVERNMENTAL AGREEMENT (IGA)**  
**Amendment**

ARIZONA DEPARTMENT OF  
HEALTH SERVICES  
OFFICE OF PROCUREMENT  
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Phoenix, Arizona 85007

Contract No.: CTR068852

IGA Amendment No: One (1)

Procurement Officer:  
**Darnell Welch**

**Price Sheet**

Pima County Health Department

January 1, 2024, through January 31, 2025

COST REIMBURSEMENT LINE ITEMS	BUDGETED AMOUNT
PERSONNEL SERVICES*	\$ 247,815.00
EMPLOYEE RELATED EXPENSES (ERE)*	\$ 76,301.00
PROFESSIONAL & OUTSIDE SERVICES*	\$ 0.00
TRAVEL*	\$ 2,057.00
SUPPLIES	\$ 0.00
OTHER OPERATING*	\$ 19,774.00
CAPITAL OUTLAY EXPENSES	\$ 0.00
INDIRECT (10%) *	\$34,594.70
OTHER	\$0.00
<b>TOTAL ANNUAL NOT TO EXCEED AMOUNT</b>	<b>\$ 380,541.00</b>

Note: With prior written approval from the STI Control Office Chief/Program, CCHSS is authorized to transfer up to a maximum of thirty percent (30%) of the total budget amount between line items. Transfers of funds are only allowed between funded line items. Transfers exceeding thirty percent (30%) or to a non-funded item shall require a written amendment.

This budget is contingent on funding and is subject to potential changes in subsequent years.