



BOARD OF SUPERVISORS AGENDA ITEM REPORT
AWARDS / CONTRACTS / GRANTS

Award Contract Grant

Requested Board Meeting Date: May 7, 2024

* = Mandatory, information must be provided

or Procurement Director Award:

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

Tucson Unified School District

***Project Title/Description:**

Provision and Administration of Childhood Immunizations and other Health Services

***Purpose:**

The Pima County Health Department (PCHD) has long had agreements with the many school districts related to immunizations and other health programs and services such as tobacco education and oral health.

Amendment #2 revises Article V., subsection J., County Responsibilities, by adding collaborative activities related to the prevention of substance abuse and respiratory infection.

***Procurement Method:**

This IGA is a non-Procurement IGA and not subject to Procurement rules.

***Program Goals/Predicted Outcomes:**

Under this IGA, PCHD can provide training and authorization to school nurses to provide school immunizations and may also cooperate on other health programs and services. This amendment clarifies PCHD responses to TUSD overdose emergencies.

***Public Benefit:**

School-age children are mandated to receive certain immunizations and the County is mandated to provide them. Offering the required immunizations at school is a convenient and free way for children to receive their required immunizations. PCHD also provides health services including opioid and overdose prevention and infection prevention.

***Metrics Available to Measure Performance:**

- School nurses will enter all vaccines administered into the Arizona State Immunization Information System (ASIS).
- Number of hours of training provided to District nurses and support staff.

***Retroactive:**

No.

TO: COB, 4-15-2024 (1)
Vers.: 3
Pgs.: 2

APR10 24AM 11:59 PM

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: CTN Department Code: HD Contract Number (i.e., 15-123): 22-069

Amendment No.: 02 AMS Version No.: 03

Commencement Date: 05/07/2024 New Termination Date: 12/31/2026

Prior Contract No. (Synergen/CMS): N/A

Expense Revenue Increase Decrease

Amount This Amendment: \$ 0.00

Is there revenue included? Yes No If Yes \$ _____

*Funding Source(s) required: N/A

Funding from General Fund? Yes No If Yes \$ _____ % _____

Grant/Amendment Information (for grants acceptance and awards)

Award Amendment

Document Type: _____ Department Code: _____ Grant Number (i.e., 15-123): _____

Commencement Date: _____ Termination Date: _____ Amendment Number: _____

Match Amount: \$ _____ Revenue Amount: \$ _____

*All Funding Source(s) required: _____

*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)?

Contact: Craig McCarthy

Department: Health

Telephone: 724-7614

Department Director Signature:

Date: 4/1/24

Deputy County Administrator Signature:

Date: 3/15/2024

County Administrator Signature:

Date: 4/5/24

Pima County Department of Health

Project: Provision and Administration of Childhood Immunizations and other Health Services

Contractor: Tucson Unified School District (TUSD)
1010 E. Tenth Street
Tucson, AZ 85719

Contract No.: CTN-HD-22-069

Contract Amendment No.: 02

Orig. Contract Term: 01/01/2022-12/31/2026	Orig. Amount:	\$0.00
Termination Date Prior Amendment: 12/31/2026	Prior Amendments Amount:	\$0.00
Termination Date This Amendment: 12/31/2026	This Amendment Amount:	\$0.00
	Revised Total Amount:	\$0.00

INTERGOVERNMENTAL AGREEMENT AMENDMENT

The parties agree to amend the above-referenced contract as follows:

1. Background and Purpose.

1.1. Background. On January 1, 2022, County and Contractor entered into the above referenced agreement to cooperate on the administration of childhood immunizations and other health services.

1.2. Purpose. The Parties agree to modify the County Responsibilities listed in the IGA.

2. County Responsibilities. The parties have added to Article V. County Responsibilities, subsection J. to read as follows:

Emergency Response and Preparedness:

1. Provide Narcan Nasal Spray for emergency administration at schools
2. Provide trainings to schools on how to respond during an overdose emergency
3. Provide naloxone for community distribution at school sites and school resource centers, upon request and availability
4. Provide COVID-19 self-test kits, upon request and availability

All other provisions of the Contract not specifically changed by this Amendment remain in effect and are binding upon the parties.

PIMA COUNTY

DISTRICT

Chair, Board of Supervisors Date

Natalie LaRose March 26, 2024

President Date

ATTEST

ATTEST

Clerk of the Board Date

[Signature] 3/26/24

Superintendent Date

APPROVED AS TO FORM

Pursuant to A.R.S. § 11-952(D), the attorney for each party has determined that the foregoing Intergovernmental Agreement is in proper form and is within the powers and authority of the entity as granted under the laws of the State.

[Signature] 3/29/24

Deputy County Attorney Date

[Signature] 3/26/24

Legal Counsel Date

Jonathan Pinkney

APPROVED AS TO CONTENT

[Signature] 4/1/24

Department Representative Date