



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

Requested Board Meeting Date: June 20, 2017

or Procurement Director Award

Contractor/Vendor Name (DBA): Arizona Department of Health Services

Project Title/Description:
Tuberculosis Control Program

Purpose:

The purpose of this funding is to supplement Pima County Health Department efforts to control and prevent tuberculosis (TB) in Pima County by:

- Finding all cases of active TB and ensuring completion of therapy;
- Identifying, medically evaluating, and ensuring completion of treatment for latent TB infection for contacts to pulmonary TB cases;
- Reporting TB surveillance data;
- Identifying and managing non-contacts with latent TB infection; and
- Providing training and education.

This Amendment changes the allocation of funds between line items. The total dollar amount remains the same, with funds being reallocated to increase funding for personnel and travel and decrease funding for other operating expenses and other. The reallocation will allow for the budget to be fully expended within each line item.

Procurement Method:

Grant award

Program Goals/Predicted Outcomes:

To improve surveillance, reporting, investigating and treatment of TB related disease in Pima County.

Public Benefit:

Decreased prevalence of TB in the community.

Metrics Available to Measure Performance:

Per fiscal year: 6 cases that complete treatment within 12 months; 56 contacts identified, evaluated, and treated for latent TB infection; 5 completed reports sent to ADHS and CDC; and 4 outreach and educational activities conducted.

Retroactive:

No.

Original 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): _____

Cost to Pima County General Fund: _____

Contract is fully or partially funded with Federal Funds? Yes No Not Applicable to Grant Awards

Were insurance or indemnity clauses modified? Yes No Not Applicable to Grant Awards

Vendor is using a Social Security Number? Yes No Not Applicable to Grant Awards

If Yes, attach the required form per Administrative Procedure 22-73.

Amendment Information

Document Type: GTAM Department Code: HD Contract Number (i.e.,15-123): 17-67

Amendment No.: Four AMS Version No.: 1

Effective Date: upon final signature New Termination Date: 6/30/2018 (no change)

Expense Revenue Increase Decrease Amount This Amendment: \$ no change

Funding Source(s): ADHS / CDC

Cost to Pima County General Fund: \$0.00

Contact: Sharon Grant

Department: Health Telephone: 724-7842

Department Director Signature/Date: *Mary M. Flynn* 06.05.2017

Deputy County Administrator Signature/Date: *FLUR* 6-6-2017

County Administrator Signature/Date: *C. Deibel* 6/7/17
(Required for Board Agenda/Addendum Items)



**INTERGOVERNMENTAL AGREEMENT (IGA)
AMENDMENT**

**ARIZONA DEPARTMENT OF
HEALTH SERVICES**
150 North 18th Ave., Suite 260
Phoenix, Arizona 85007
(602) 542-1040
(602) 542-1741 FAX
Procurement Officer:
Delilah Gonzalez

Agreement No. **ADHS16-102511**

Amendment No. **4**



TUBERCULOSIS CONTROL


Effective upon signature, it is mutually agreed that the referenced Agreement is amended as follows:

- Pursuant to Terms and Conditions of the Agreement, Provision Six (6) Contract Changes, Section 6.1 Amendments, Purchase Orders and Change Orders, the Price Sheet shall be replaced with the Price Sheet in this Amendment. The Price Sheet total dollar amount remains the same; funds are reallocated due an increase in staff.

(Continued on the next page)

PIMA COUNTY HEALTH DEPARTMENT

Contractor Name			Authorized Signature		
3950 S. Country Club Rd., Suite 100					
Address			Print Name		
TUCSON	AZ	85714			
City	State	Zip	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 Arizona.			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.		
 Signature Date			State of Arizona Signed this _____ day of _____ 2017		
Print Name					
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, 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.			Procurement Officer		
Signature Date			<div style="border: 1px solid black; padding: 5px;"> REVIEWED BY  Appointing Authority or Designee Pima County Health Department </div>		
Assistant Attorney General Print Name					

	INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT		ARIZONA DEPARTMENT OF HEALTH SERVICES 150 North 18 th Ave., Suite 260 Phoenix, Arizona 85007 (602) 542-1040 (602) 542-1741 FAX
	Agreement No. ADHS16-102511	Amendment No. 4	Procurement Officer: Delilah Gonzalez

Revised Price Sheet

	Account Classification	Amount
1.	Personnel Services and ERE	\$63,790.34
2.	Professional and Outlets Services	\$0.00
3.	Travel Expenses	\$9,143.75
4.	Other Operating Expenses	\$1,115.12
5.	Capital Outlay Expenses	\$0.00
6.	Other	\$2,100.79
	TOTAL	\$76,150.00

LINE ITEM BUDGET TRANSFERS

With prior approval from the ADHS TB Program Manager, the contractor is authorized to transfer up to a maximum of thirty-five percent (35%) of the total budget amount between line items. Transfers of funds are only allowed between funded line items. Transfers exceeding thirty-five percent (35%) or to a non-funded item shall require an Agreement Amendment.