



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

Award Contract Grant

Requested Board Meeting Date: August 7, 2018

* = Mandatory, information must be provided

or Procurement Director Award

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

The Arizona Department of Health Services (ADHS)

***Project Title/Description:**

Expansion of Behavioral Risk Factor Surveillance System Survey in Pima County. The original contract can be found by searching 17%397 on eContracts.

***Purpose:**

To allow for additional surveys to be collected with the biennial Arizona Behavioral Risk Factor Surveillance System (BRFSS) survey. This will in turn allow for better estimation of areas smaller than the county level.

Amendment #1 extends the term for a year without adding funds so that the agreement will be in place if the Pima County Health Department decides to request more surveys be done.

***Procurement Method:**

Procurement Exempt per BOS D29.4.XI.H, Intergovernmental Agreements

***Program Goals/Predicted Outcomes:**

Better analysis of health risks and outcomes for different populations within the County.

***Public Benefit:**

More localized analysis will allow for more targeted programs and interventions within sub-regions in the County.

***Metrics Available to Measure Performance:**

Number of additional surveys distributed and information collected.

***Retroactive:**

Yes, due to a five week break in Board of Supervisors' meetings this is a week retroactive.

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(1)

Contract / Award 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) 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 22-73.

Amendment / Revised Award Information

Document Type: CT Department Code: HD Contract Number (i.e., 15-123): 18-452

Amendment No.: 01 AMS Version No.: 01

Effective Date: 08/01/2018 New Termination Date: 08/01/2019

Prior Contract No. (Synergen/CMS): CT-HD-17-397 ^{HL}

Expense or Revenue Increase Decrease Amount This Amendment: \$ 0.00

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

***Funding Source(s) required:** N/A - no expense with this Amendment

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): _____

Effective 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: Sharon Grant

Department: Health Telephone: 724-7842

Department Director Signature/Date: [Signature] 11.28.2018

Deputy County Administrator Signature/Date: [Signature] 7.1.2018

County Administrator Signature/Date: [Signature] 7/2/18
(Required for Board Agenda/Addendum Items)

<p>Pima County Department of Health</p> <p>Project: Expansion of Behavioral Risk Factor Surveillance System Survey in Pima County</p> <p>Contractor: Arizona Department of Health Services (ADHS)</p> <p>Contract No.: CT-HD-18-452; formerly CT-HD-17-397</p> <p>Contract Amendment No.: 01</p>	<table border="1"> <tr> <td colspan="2" style="text-align: center;">CONTRACT</td> </tr> <tr> <td>NO.</td> <td><u>CT-HD-18-452</u></td> </tr> <tr> <td>AMENDMENT NO.</td> <td><u>01</u></td> </tr> <tr> <td colspan="2"> This number must appear on all invoices, correspondence and documents pertaining to this contract. </td> </tr> </table> <p>(STAMP HERE)</p>	CONTRACT		NO.	<u>CT-HD-18-452</u>	AMENDMENT NO.	<u>01</u>	This number must appear on all invoices, correspondence and documents pertaining to this contract.	
CONTRACT									
NO.	<u>CT-HD-18-452</u>								
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Orig. Contract Term: 08/02/2017 - 08/01/2018	Orig. Amount:	\$27,000.00
Termination Date Prior Amendment: N/A	Prior Amendments Amount:	N/A
Termination Date This Amendment: 08/01/2019	This Amendment Amount:	\$ 0.00
	Revised Total Amount:	\$27,000.00

INTERGOVERNMENTAL AGREEMENT AMENDMENT

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

1. **Term.** The Contract terminates on August 1, 2019. This IGA may be extended for up to three additional periods of up to 1 year each, for a maximum of 5 years.
2. **Maximum Payment Amount.** There is no change to the do not exceed amount of \$27,000.00 with this Amendment. Should the County and ADHS decide to do additional surveys in the future, funding will be added by means of a formal written amendment.

The effective date of this Amendment is August 1, 2018.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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

PIMA COUNTY

Chair, Board of Supervisors

Date

ATTEST

Clerk of the Board

Date

APPROVED AS TO CONTENT

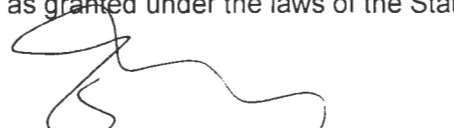


Department Representative

06.28.2018

Date

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



Deputy County Attorney

JONATHAN PINKNEY

Print DCA Name

6/27/18

Date

ADHS



Authorized Officer Signature

KRISTEN MIKRESEN, INTERIM CPO

Printed Name and Title

6/21/18

Date

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



Assistant Attorney General

Molly Adrian

Print AAG Name

6-20-18

Date