



## 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):**

Arizona Family Health Partnership dba Affirm Sexual and Reproductive Health

**\*Project Title/Description:**

Affirm Sexual and Reproductive Health Sexually Transmitted Infection Screening Contract

**\*Purpose:**

This grant contract provides funding for screening, testing and education services to decrease chlamydia and syphilis rates in Pima County. This contract provides \$55,000 to conduct such services from January 1, 2024 to December 31, 2024.

**\*Procurement Method:**

This grant award was reviewed and signed by PCAD.

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

The goals of the program include:

- Increase access to chlamydia screening, primarily for uninsured, sexually active women 24 years of age and younger.
- Increase access to syphilis screening services for sexually active male and female clients 34 years of age and younger.

**\*Public Benefit:**

Untreated chlamydia and syphilis can lead to a myriad of health complications, including Pelvic Inflammatory Disease (PID), premature delivery, ectopic pregnancy, miscarriage, stillbirth and infant death. Access to testing can result in early treatment, reduced disease transmission and fewer health-related implications associated with untreated infections.

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

- Follow up of positive screenings performed in accordance with the latest clinical guidelines
- Chlamydia and syphilis screening numbers reported on a monthly basis

**\*Retroactive:**

Yes. Though this contract has an effective date of Jan. 1, 2024, it was not received from Affirm until March 29, 2024. If not approved, Pima County will not have access to these funds to fight chlamydia and syphilis.

6m I approve  
5/7/24  
(signature)

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: GTAW Department Code: HD Grant Number (i.e., 15-123): 24-144  
Commencement Date: 01/01/2024 Termination Date: 12/31/2024 Amendment Number: 00  
☐ Match Amount: \$ \_\_\_\_\_ ☒ Revenue Amount: \$ 55,000.00

\*All Funding Source(s) required: Center for Disease Control via Arizona Department of Health Services via Affirm

\*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)?  
two pass throughs: ADHS and Affirm

Contact: Sharon Grant

Department: Health

Telephone: 724-7842

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

Date: 4-15-24

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

Date: 19 Apr 2024

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

Date: 4/19/2024

**AFFIRM SEXUAL AND REPRODUCTIVE HEALTH  
SEXUALLY TRANSMITTED INFECTION SCREENING CONTRACT**

This AFFIRM SEXUAL AND REPRODUCTIVE HEALTH SEXUALLY TRANSMITTED INFECTION SCREENING CONTRACT (the “*Contract*”) is entered into by and between the Arizona Family Health Partnership dba Affirm Sexual and Reproductive Health, an Arizona not-for-profit corporation (“*Affirm*”), and **Pima County Health Department** (the “*Contractor*”). Affirm or the Contractor may be referred to individually as the “*Party*” or collectively the “*Parties*”.

**RECITALS**

**WHEREAS**, Affirm has received STI Screening Services Grant, (the “*Grant*”), RFGA2022-004, Supplier ID: IV0000003142, dated March 05, 2024 from the Arizona Department of Health Services (“*ADHS*”).

**WHEREAS**, the Grant provides funds to Affirm for chlamydia screening services, which include testing and counseling (“*Chlamydia Screening Services*”) to sexually active female clients 24 years of age and younger (“*Chlamydia Target Population*”);

**WHEREAS**, the Grant provides funds to Affirm for syphilis screening services, which include testing and counseling (“*Syphilis Screening Services*”) to sexually active male and female clients 34 years of age and younger (“*Syphilis Target Population*”). The Chlamydia Screening Services and Syphilis Screening Services are collectively referred to as the “*Screening Services*.”

**WHEREAS**, the Contractor provides Screening Services; and

**WHEREAS**, the Parties desire to provide for a sub-award of the Grant to the Contractor for its performance of the Screening Services.

**AGREEMENT**

**NOW THEREFORE**, in consideration of the mutual promises and covenants herein contained and intending to be legally bound thereby, Affirm and the Contractor agree as follows:

**ARTICLE I  
TERM AND STATEMENT OF WORK**

Beginning on **January 1, 2024 and ending December 31, 2024**, unless earlier terminated or amended pursuant to Article VI (the “*Term*”), the Contractor will provide Screening Services to clients in the Chlamydia Target Population and Syphilis Target Population in accordance with the Center for Disease Control’s 2021 Sexually Transmitted Diseases Treatment Guidelines (available at <https://www.cdc.gov/std/treatment-guidelines/STI-Guidelines-2021.pdf>). Contractor will participate in meetings and monitoring activities required by Affirm.

## ARTICLE II CONSIDERATION

### 2.1 Consideration.

2.1.1 Affirm will pay the Contractor **\$22.50** for each chlamydia test or combination chlamydia/gonorrhea test the Contractor performs (collectively "*Chlamydia Test*") for uninsured clients in the Chlamydia Target Population. Affirm will pay the Contractor **\$20.00** for each chlamydia treatment the Contractor performs for uninsured clients in the Chlamydia Target Population.

2.1.2 Affirm will pay the Contractor **\$16** for each syphilis test the Contractor performs for uninsured clients in the Syphilis Target Population.

2.2 Payment and Reporting. The total maximum consideration payable to the Contractor pursuant to Article II is \$55,000. All payments payable pursuant to this Contract are contingent on the following conditions, and will be made within 30 days of delivery of the last report due under this Section:

2.2.1 The Contractor submitting a complete Request for Screening Project Funds via electronic database inclusive of information contained in **Attachment 1**, for the relevant quarter, on or before the 25th day following the end of each calendar quarter.

2.2.2 The Contractor providing sufficient records of the Screening Services provided by the Contractor, including completed Project Tracking Logs in the form attached as **Attachment 2**, for the relevant quarter, on or before the 20<sup>th</sup> day following the end of each calendar quarter;

2.2.3 The Contractor providing any other records required by Affirm to determine the number and adequacy of the Screening Services provided by the Contractor;

2.2.4 The Contractor's satisfactory performance of the Screening Services, in Affirm's sole determination; and

2.2.5 Affirm's receipt of the Grant.

## ARTICLE III THE CONTRACTOR'S REPRESENTATIONS AND WARRANTIES

The Contractor represents and warrants to Affirm the matters set forth in this Article III.

3.1 ADHS and Legal Requirements. The Contractor has had the opportunity to review any ADHS conditions and other legal requirements for receiving Grant funds and the Contractor meets such conditions and requirements. The Contractor's staff has adequate training to provide the Screening Services and is able to perform the Screening Services and meet all performance and reporting requirements required by ADHS and Affirm.

3.2 Debarment and Suspension. The Contractor's employees and sub-contractors, its current and future subcontractors and their principals: (i) are not presently and will not be debarred, suspended, proposed for debarment or declared ineligible for the award of subcontracts, by any U.S. Government agency, any state department or agency, in accordance with federal regulations (53 Fed. Reg. 19161-19211) or any other applicable law, or has been so within the preceding three (3) year period; (ii) have not within

a three (3) year period preceding this Contract had one or more public transactions (federal, state, or local) terminated for cause or default; and (iii) in the event any employee or sub-contractor of the Contractor's is debarred, suspended, or proposed for debarment, the Contractor must immediately notify Affirm in writing.

3.3 HIPAA. The Contractor is a Covered Entity as defined in 45 CFR 160.103 of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and is required to comply with the provisions of HIPAA with respect to safeguarding the privacy and confidentiality of protected health information. Affirm is neither a Covered Entity nor business associate under HIPAA; however, Affirm acknowledges that it is subject to the privacy and security requirements imposed on Grantees by the Department of Health and Human Services under the Title X Program. In the event of a "breach" requiring notification under A.R.S. § 18-552, Affirm will notify Contractor of the breach of Contractor's data promptly, and in all cases, within 45 days of discovering the breach.

3.4 Conflict of Interest. This Contract does not create a conflict of interest, under any statute or rule of any governing jurisdiction, between the Contractor's officers, agents or employees and Affirm. The provisions of ARS § 38-511 apply.

3.5 Equal Opportunity. The Contractor is an Equal Employment Opportunity employer in accordance with the requirements of 41 CFR § 60-1.4(a), 60-250.5, 60-300.5(a), 60-741.5(a) and 29 CFR § 471, Appendix A to Subpart A, if applicable.

#### ARTICLE IV COVENANTS

4.1 Compliance with Laws and Regulations. The Contractor will abide by all applicable laws, ordinances, and codes of the state of Arizona and local governments in the performance of the Contract, including all licensing standards and all applicable professional standards.

4.2 Licenses. The Contractor and each of its employees, agents and subcontractors will obtain and maintain during the Term of this Contract all appropriate licenses required by law for the operation of its facilities and for the provision of the Screening Services.

4.3 Status of the Contractor and Conflict of Interest. The Contractor, its agents and employees, including its professional and nonprofessional personnel, in the performance of this Contract, will act in an independent capacity and not as officers, employees or agents of Affirm. The Contractor will prevent its officers, agents or employees from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private gain for themselves or others with whom they may have business, family, or other connections. The Contractor will refrain from using any inside or proprietary information regarding the activities of Affirm and its affiliates for personal benefit, benefit to immediate family, or benefit to any entity in which he holds a significant financial or other interest. The Contractor's officers, agents, or employees will not deploy themselves so as to receive multiple payments from Affirm or otherwise manipulate the assignment of personnel or tasks so as to unnecessarily increase payments to the Contractor or its officers, agents or employees.

4.4 Retention of Records and Audit. The Contractor will maintain financial records, supporting documents, statistical records, and all other books, documents, papers or other records pertinent to the Screening Services and this Contract for a period of at least three (3) years from termination of the Term unless longer required by ADHS or federal law. If an audit, litigation, or other action involving the records is started before the end of the three (3) year period, The Contractor will maintain such records until the

audit, litigation, or other action is completed, whichever is later. Client medical records must be retained in accordance with state and federal regulations. The Contractor will make available to Affirm, ADHS, or any other of their duly authorized representatives, upon appropriate notice, such books, records, reports, documents, and papers that are pertinent to the award for audit, examination, excerpt, transcription, and copy purposes, for as long as such records, reports, books, documents, and papers are retained. The Contractor will permit Affirm and/or ADHS to evaluate, through inspection or other means, the quality, appropriateness, and timeliness of Screening Services delivered under this Contract and to assess the Contractor's compliance with applicable legal and programmatic requirements.

4.5 Litigation. The Contractor will notify Affirm within 30 days of notice of any litigation, claim, negotiation, audit or other action involving the Screening Services, occurring during the Term or within four (4) years after the expiration of the Term. The Contractor will retain any records until the completion of such action and the resolution of all issues arising from or relating to such action, or four (4) years after the end of the Term, whichever is later.

## ARTICLE V INSURANCE AND INDEMNIFICATION

5.1 Insurance. The Contractor will procure, maintain, and provide proof of coverage of: (i) a Medical Malpractice Professional Liability Insurance Policy and such policy will be written on an occurrence basis in the minimum amount of \$1,000,000 for all medical provider employees and subcontractors and consultants, unless the contractor qualifies for such insurance pursuant to Section 5.2; (ii) General Liability coverage of at least \$1,000,000 per occurrence and \$3,000,000 Annual aggregate against general liability endorsed for premises-operations, products/completed operations, contractual, property damage, and personal injury liability; (iii) Workers compensation in accordance with applicable law; (iv) Fidelity coverage adequate to protect against loss due to employee dishonesty of at least \$5,000; and (v) Sexual abuse and molestation coverage in the minimum amount of \$500,000. The Contractor will provide certificates indicating the proof of such insurance and incorporate them as Attachments to this Contract. The insurance policies referred to above must name Affirm as an additional insured under each policy. The Contractor will promptly provide Affirm with written notice of any ineligibility determination, suspension, revocation or other action or change relevant to the insurance requirements set forth above. The Contractor may provide all or a portion of the required coverage through programs of self-insurance as allowed by law.

5.2 FTCA Status. If applicable as a Federally Qualified Health Center ("**FQHC**"), the Contractor has been deemed eligible and approved for medical malpractice liability protection through the Federal Tort Claims Act (FTCA), pursuant to the Federally Supported Centers Assistance Act of 1992 and 1995. The Contractor must remain in deemed status during the Term of this Contract. Should the Contractor lose its designation as an FQHC or lose its deemed status during the Term, the Contractor must immediately secure Professional Liability Malpractice Insurance as required by Section 5.1 and must provide a copy of the insurance certificates confirming such insurance protection.

5.3 Indemnification. To the extent allowed under Arizona law, the Contractor will indemnify, defend, save, and hold harmless Affirm and its officers, officials, agents, and employees (hereinafter referred to as "**Indemnitee**") from and against any and all claims, actions, liabilities, damages, losses, or expenses (including court costs, attorneys' fees, and costs of claim processing, investigation and litigation) (hereinafter referred to as "**Claims**") for bodily injury or personal injury (including death), or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of the Contractor or any of its owners, officers, directors, agents, employees, or subcontractors. This indemnity includes any claim or amount arising out of or recovered under the Workers' Compensation Law or arising out of the failure of the Contractor to conform to any federal, state or local

law, statute, ordinance, rule, regulation, or court decree. It is the specific intention of the Parties that the Indemnitee will, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the Indemnitee, be indemnified by the Contractor from and against any and all Claims. It is agreed that the Contractor will be responsible for primary loss investigation, defense, and judgment costs where this indemnification is applicable. To the extent permitted by law, the Contractor agrees to reimburse Affirm for any monies which Affirm is required to pay to the ADHS or agencies of the United States Government or the State of Arizona for any Claims arising solely from the failure of the Contractor to perform in accordance with this Contract or, local, state, or federal laws and regulations. Affirm will appropriately invoice or file a Claim with the Contractor for any such reimbursement by the Contractor, and the Contractor will have opportunity to review, and protest when appropriate, the Claim prior to making any timely reimbursement to Affirm. The indemnification provided herein will survive the termination of this Contract.

## ARTICLE VI TERMINATION AND AMENDMENT

6.1 Termination of Contract. This Contract will terminate on the last date discussed in Article 1, unless earlier terminated pursuant to the terms of this Section.

6.1.1 Termination by the Contractor. If the Contractor is unable or unwilling to comply with additional conditions as may be lawfully imposed on the Contractor, the Contractor may terminate this Contract by giving written notice to Affirm signifying the effective date thereof. The Contractor may terminate this Contract for any other reason by providing Affirm with at least 90 days written notice. In the event the Contractor terminates this Contract, the Contractor will be entitled to compensation for any un-paid consideration due in satisfactory performance of this Contract.

6.1.2 Termination by Affirm. Affirm may terminate this Contract or suspend payment under Article II, in whole or in part, in the event the Contractor: (i) fails to fulfill in a timely and proper manner its obligations under this Contract; or (ii) violates any of the covenants, agreements, or stipulations of this Contract, by providing the Contractor written notice of termination specifying the date of termination. Affirm may give the Contractor an opportunity to cure deficiencies by providing a cure period, of at least 10 days, in any notice of termination. If Affirm does not provide a cure period or if Contractor does not cure all deficiencies within the time specified by Affirm, the Contract will be terminated. Despite any termination hereunder, the Contractor will not be relieved of liability to Affirm for damages sustained by Affirm by virtue of any material breach of this Contract by the Contractor. Affirm may withhold any amount payable to the Contractor for the purpose of offset until such time as the exact amount of damages, if any, due Affirm from the Contractor is agreed upon or otherwise determined.

6.1.3 Termination or Reduction of DHHS Funding. Affirm relies on certain Department of Health and Human Services (“*DHHS*”) grants to maintain its operations. Affirm has been informed by DHHS that funding is available for the Term. However, in the event any DHHS funding is reduced, terminated or otherwise negatively altered, whether before or after this Contract is effective, Affirm may terminate this Contract in whole or in part by providing the Contractor a written notice of termination. The effective Contract termination date will be the date such DHHS funding is reduced, terminated or otherwise negatively altered. Notwithstanding anything in this Contract to the contrary, if the Contract is terminated because of the foregoing, Affirm is relieved of all obligations under the Contract. Termination of this Contract hereunder will not be deemed a breach of this Contract by Affirm.

6.1.4 Termination or Reduction of Grant Funding. Affirm relies on the Grant to maintain its operations. Affirm has been informed that the Grant has been awarded for the Term. However, in the event any Grant funding is reduced, terminated or otherwise negatively altered, whether before or after this Contract is effective, Affirm may terminate this Contract in whole or in part by providing the Contractor a written notice of termination. The effective Contract termination date will be the date such Grant funding is reduced, terminated or otherwise negatively altered. Notwithstanding anything in this Contract to the contrary, if the Contract is terminated because of the foregoing, Affirm is relieved of all obligations under the Contract. Termination of this Contract hereunder will not be deemed a breach of this Contract by Affirm.

6.2 Amendment. The Contract, together with Attachments referenced herein, fully expresses all understanding of the Parties concerning all matters covered and will constitute the total Contract. No amendment of, addition to, or alteration of the Terms of this Contract, whether by written or verbal understanding of the Parties, their officers, agents or employees, will be valid unless made in a writing that is formally approved and executed by the Parties or made pursuant to the following procedures:

6.2.1 If Affirm obtains additional Grant funding for periods after the Term, the Contractor may request to extend the Term. Any extension of the Term will be mutually agreed on by the Parties, in writing.

6.2.2 The Contractor may make changes to staff and location of its Screening Services, provided that the Contractor will notify Affirm, in writing as soon as possible for staff changes and within 30 working days of any changes or closures of a clinic site location.

6.2.3 Changes in policies, procedures, and/or forms related to the Screening Services must be submitted in writing to Affirm.

6.2.4 Within 15 days of change, the Contractor must notify Affirm of changes in key clinical or management personnel, including administrative officers and Screening Services program directors.

## ARTICLE VII MISCELLANEOUS PROVISIONS

7.1 Nonexclusivity. That this Contract is nonexclusive in nature, and Affirm retains the authority to contract with other Parties for the delivery of Screening Services in the Contractor's geographic area.

7.2 Governing Law. Any action relating to this Contract will be brought in a court of the State of Arizona in the county in which the Screening Services are provided, unless otherwise prohibited by prevailing federal law. Any changes in the governing laws, rules and regulations that do not materially affect the Contractor's obligation under the Contract during the Term will apply but do not require an amendment.

7.3 Intangible Property and Copyright. The Contractor will ensure that publications developed while providing the Screening Services do not contain information that is contrary to ADHS policies or to accepted clinical practice. Affirm Grant support must be acknowledged in any publication. The Contractor will obtain pre-approval from Affirm for publications resulting from activities conducted under this



Contract. The Contractor will also provide all publications referencing Affirm to Affirm for pre-approval prior to distribution.

7.4 Dispute Resolution. The Parties will first attempt to resolve any dispute arising under this Contract by informal discussion between the Parties, subject to good cause exceptions, including, but not limited to, disputes determined by either Party to require immediate relief. Any dispute that has not been resolved by informal discussions between the Parties within a reasonable period of time after the commencement of such discussions (not to exceed 30 days), may be resolved by any means available.

7.5 Notice. All notices required or permitted to be given hereunder will be given in writing and will be deemed to have been given when sent by certified or registered mail, postage prepaid, return receipt requested.

Notices to Affirm will be addressed to:  
Chief Executive Officer  
Arizona Family Health Partnership  
3800 N. Central Avenue  
Suite 820  
Phoenix, Arizona 85012

Notices to the Contractor will be addressed to:  
Theresa Cullen, MD, Director  
Pima County Health Department  
3950 S. Country Club Rd., Suite 100  
Tucson, AZ 85714

Either Party may change its address for notices by giving written notice of such change to the other Party.

7.6 Severability. If any provision of this Contract is declared void or unenforceable, such provision will be deemed severed from this Contract, which will otherwise remain in full force and effect. If any provision of this Contract is declared void or unenforceable, the Parties will engage in good faith efforts to renegotiate such provision in a matter that most closely matches the intent of the provision without making it unenforceable.

7.7 No Third-Party Beneficiary. This Contract was created by the Parties solely for their benefit and is not intended to confer upon any person or entity other than the Parties any rights or remedies hereunder.

7.8 Waiver. Performance of any obligation required of a Party hereunder may be waived only by a written waiver signed by the other Party, which waiver will be effective only with respect to the specific obligations described herein. The waiver of a breach of any provisions will not operate or be construed as a waiver of any subsequent breach.

7.9 Integration. This Contract represents the entire agreement of the parties with respect to its subject matter, and all agreements, oral or written, entered into prior to this Contract are revoked and superseded by this Contract.

7.10 Execution. This Contract will not be effective until it has been approved as required by the governing bodies of the Parties and signed by the persons having executory powers for the Parties. This Contract may be executed in two or more identical counterparts, by manual or electronic signature.

**IN WITNESS WHEREOF**, the Parties have each caused an authorized representative to execute and deliver this Contract on the Date provided below.

CONTRACTOR:

AFFIRM:

\_\_\_\_\_  
Signature

Chair, Board of Supervisors

Pima County

86-6000543

Contractor ID Number (EIN)

Nine Digit DUNS#: 144733792

DUNS Registered Name: Pima County

SAM #: U8XUY58VDQS3

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Brenda L. Thomas, MPA

Chief Executive Officer

Affirm

\_\_\_\_\_  
Date

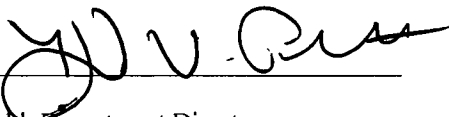
Please see following page for additional signatures.

**PIMA COUNTY**

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Clerk, Board of Supervisors


**APPROVED AS TO CONTENT**



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Health Department Director

**APPROVED AS TO FORM**



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Deputy County Attorney

## Attachment 1



## Affirm

### Request for STI Screening Project Funds

Agency: \_\_\_\_\_

Reporting Period

From: \_\_\_\_\_

To: \_\_\_\_\_

This is a request for : Reimbursement \_\_\_\_\_

Test	Quantity	Amount
CT Tests @ \$22.50/each		\$ -
CT Positives @ \$20/each		\$ -
Syphilis Tests @ \$16/each		\$ -

	Amount Awarded	Total Funds Earned this Reporting Period (i.e. this request)	Prior Report Period Year to Date Funds Earned	Total Year to Date Funds Earned	Available Balance	% Earned YTD
Total Grant		\$ -		\$ -	\$ -	
Total		\$ -	\$ -	\$ -	\$ -	#DIV/0!

\*To be determined by agency and verified by Affirm

**Certification:** By signing this request, I certify to the best of my knowledge and belief that the request is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. code, Title 18, Section 1001).

Authorized Signature \_\_\_\_\_

Date of request \_\_\_\_\_

Actual Signature required, stamped signature will not be accepted

Name \_\_\_\_\_

Title \_\_\_\_\_

**Affirm Program Dept Use Only****Affirm Program Manager Certification**

<input type="checkbox"/>	Performance satisfactory for payment
<input type="checkbox"/>	Performance unsatisfactory withhold payment
<input type="checkbox"/>	Incorrect invoice, returned for clarification
<input type="checkbox"/>	No payment due

**Affirm Accounting use only**

<input type="checkbox"/>	Date invoice recorded in QB
<input type="checkbox"/>	Date of drawdown
<input type="checkbox"/>	AFHP/Affirm check #
<input type="checkbox"/>	Date of check
<input type="checkbox"/>	Title X report updated
<input type="checkbox"/>	Date of ACH deposit

Program Manager Signature \_\_\_\_\_

Date \_\_\_\_\_

Business Office Signature \_\_\_\_\_

Date \_\_\_\_\_

[Agency Name] Quarterly STI Screening Project Tracking Log					
SCREENING RATE					
STI Screening Aim Statement	Baseline (CY 2023)	Jan-Mar 2024	Jan-Jun 2024	Jan-Sept 2024	Jan-Dec 2024
CT screening in Females 24 and younger will increase from XX% to XX%, by 12/31/2024.					
GC screening in Females 24 and younger will increase from XX% to XX%, by 12/31/2024.					
Syphilis screening in Females and Males 34 years and younger will increase from XX% to XX%, by 12/31/2024.					
Numerator: Number of unduplicated clients in the focus population that had at least one [CT, GC, or Syphilis] test during measurement period					
Denominator: Number of unduplicated clients in the focus population seen during measurement period					

PLAN					
S.M.A.R.T. Goal Statement	What specific tasks must be completed in order to achieve the goal? Please be as detailed as possible.	Who will be involved in completing the tasks?	Tasks will be done by what date(s)? Please include a detailed timeline. Consider what you will accomplish each quarter.	How will you measure progress of your S.M.A.R.T. goal?	How will you know when the goal has been completed?

QUARTER 1 UPDATE: January 1-March 31, 2024							
Please include the name and title of who is completing the Q1 update:	What progress has been made?			What challenges/barriers have you faced?			Provider Sign Off; Please have them review the Quarterly Update and initial here.
	S.M.A.R.T. Goal 1:	S.M.A.R.T. Goal 2:	S.M.A.R.T. Goal 3:	S.M.A.R.T. Goal 1:	S.M.A.R.T. Goal 2:	S.M.A.R.T. Goal 3:	

QUARTER 2 UPDATE: April 1-June 30, 2024							
Please include the name and title of who is completing the Q1 update:	What progress has been made?			What challenges/barriers have you faced?			Provider Sign Off; Please have them review the Quarterly Update and initial here.
	S.M.A.R.T. Goal 1:	S.M.A.R.T. Goal 2:	S.M.A.R.T. Goal 3:	S.M.A.R.T. Goal 1:	S.M.A.R.T. Goal 2:	S.M.A.R.T. Goal 3:	

QUARTER 3 UPDATE: July 1-September 30, 2024							
Please include the name and title of who is completing the Q1 update:	What progress has been made?			What challenges/barriers have you faced?			Provider Sign Off; Please have them review the Quarterly Update and initial here.
	S.M.A.R.T. Goal 1:	S.M.A.R.T. Goal 2:	S.M.A.R.T. Goal 3:	S.M.A.R.T. Goal 1:	S.M.A.R.T. Goal 2:	S.M.A.R.T. Goal 3:	

QUARTER 4 UPDATE: October 1-December 31, 2024							
Please include the name and title of who is completing the Q1 update:	What progress has been made?			What challenges/barriers have you faced?			Provider Sign Off; Please have them review the Quarterly Update and initial here.
	S.M.A.R.T. Goal 1:	S.M.A.R.T. Goal 2:	S.M.A.R.T. Goal 3:	S.M.A.R.T. Goal 1:	S.M.A.R.T. Goal 2:	S.M.A.R.T. Goal 3:	



**PIMA COUNTY  
DEPARTMENT OF FINANCE AND RISK MANAGEMENT**

Ellen Moulton, Director

**CERTIFICATE OF SELF-INSURANCE**

THIS IS TO CERTIFY THAT PIMA COUNTY, IN ACCORDANCE WITH A.R.S. §11-981 AND PIMA COUNTY CODE §3.04, IS SELF-INSURED.

TO THE EXTENT PERMITTED BY LAW, PIMA COUNTY, AS A SELF-INSURER, IS PROVIDING EVIDENCE OF BUSINESS GENERAL LIABILITY COVERAGE FOR THE COUNTY OF THREE MILLION DOLLARS (\$3,000,000), WORKERS COMPENSATION STATUTORY COVERAGE FOR THE COUNTY OF ONE MILLION DOLLARS (\$1,000,000), FIDELITY COVERAGE FOR THE COUNTY OF FIVE THOUSAND DOLLARS (\$5,000), MEDICAL MALPRACTICE FOR THE COUNTY OF ONE MILLION DOLLARS (\$1,000,000), AND SEXUAL ABUSE AND MOLESTATION FOR FIVE HUNDRED THOUSAND DOLLARS (\$500,000) FOR LIABILITIES THAT HAVE BEEN PROPERLY DETERMINED TO ARISE FROM THIS ACTIVITY.

DATE OF ISSUE:

April 18, 2024

CERTIFICATE HOLDER:

Arizona Family Health Partnership  
3800 N. Central Avenue, Suite 820  
Phoenix, AZ 85012  
Attn: April McCue 602-258-5777

Program:

Pima County Health Department providing  
Voluntary STI Screening Services  
RFGA2022-004, Supplier ID: IV0000003142

Certificate Date:

April 18, 2024 to September 30, 2024

***Certificate good with respect to  
Pima County only.***

Meridith Litton, Deputy Director  
Pima County Finance & Risk Management Department