



**BOARD OF SUPERVISORS AGENDA ITEM REPORT**  
**CONTRACTS / AWARDS / GRANTS**

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: August 15, 2022

**\* = Mandatory, information must be provided**

or Procurement Director Award ☐

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

Department of Health and Human Services

**\*Project Title/Description:**

Pima County will use human-centered design to identify and eliminate barriers; increase providers' use of accessibility standards; and promote health literacy among minority populations.

**\*Purpose:**

The purpose of this grant is to implement evidence-based health literacy strategies to enhance coronavirus disease 2019 (COVID-19) testing, contact tracing, prevention practices, vaccine uptake, and other mitigation measures in racial and ethnic minority populations and socially vulnerable populations in Pima County. This project will be implemented in partnership with a human-centered design agency (procured through a competitive process) and local community-based organizations and healthcare centers to generate new policies, practices, and systems-level changes that allow Pima County residents to find, understand and use COVID-19 public health information.

Amendment #1 is to approve several requests made by the Pima County Health Department: adding a sub-recipient (Arts Foundation for Tucson and Southern Arizona), modifying the budget, and approving participant support costs.

**\*Procurement Method:**

This Grant is a non-procurement contract and not subject to Procurement rules.

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

Health Department project staff and identified partners are implementing a health literacy plan to increase the availability, acceptability and use of COVID-19 public health information and services by racial and ethnic minority populations and others considered vulnerable for not receiving and using COVID-19 public health information. The health literacy intervention will promote changes in Pima County's healthcare delivery system and advance Healthy People 2030 health literacy objectives that improve patient understanding, communication, and informed decision-making. The health literacy plan will provide guidance for new and revised policies for improving and sustaining adherence to COVID-19 and other public health recommendations, using evidence-based and culturally and linguistically appropriate health literacy strategies.

**\*Public Benefit:**

This grant will allow the Health Department to improve public health strategies for COVID-19 and improve health outcomes for racial and ethnic minority populations and socially vulnerable populations in Pima County. This program uses a variety of evidence-based strategies designed to impact policy, system, and environmental change at the community, organizational, individual, and policy levels to improve health literacy among Pima County residents and minimize serious illness and overall deaths from COVID-19.

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

Evaluation including the development of performance measures and metrics and a quality improvement plan will be provided by the University of Arizona Mexican-American Studies Department.

**\*Retroactive:**

Yes. Amendment takes effect upon issuance by HHS, 07/14/2022. The BOS is being asked to approve the amendment at its next meeting according to County policy that requires all grant amendments be approved by the BOS.

GMI ok  
AF 7/28/22

**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 or ☐ 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: GTAM Department Code: HD Grant Number (i.e., 15-123): 23-003  
Commencement Date: 07/14/2021 Termination Date: \_\_\_\_\_ Amendment Number: 01  
☐ Match Amount: \$ \_\_\_\_\_ ☐ Revenue Amount: \$ \_\_\_\_\_

**\*All Funding Source(s) required:** Department of Health and Human Services, Office of the Secretary

**\*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)?**

Directly from HHS

Contact: Sharon Grant

Department: Health

Telephone: 724-7842

Department Director Signature/Date: [Signature] 7-15-22

Deputy County Administrator Signature/Date: [Signature] 29 July 2022

County Administrator Signature/Date: [Signature] 7/29/2022

(Required for Board Agenda/Addendum Items)



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

## Notice of Award

Award# 6 CPIMP211275-01-02

FAIN# CPIMP211275

Federal Award Date: 07/14/2022

### Recipient Information

#### 1. Recipient Name

Pima County  
3950 S Country Club Rd Ste 100  
Tucson, AZ 85714-2226  
[NO DATA]

#### 2. Congressional District of Recipient

03

#### 3. Payment System Identifier (ID)

1866000543A1

#### 4. Employer Identification Number (EIN)

866000543

#### 5. Data Universal Numbering System (DUNS)

144733792

#### 6. Recipient's Unique Entity Identifier (UEI)

U8XUY58VDQS3

#### 7. Project Director or Principal Investigator

Dr. Theresa Cullen  
Theresa.Cullen@pima.gov  
520-724-7765

#### 8. Authorized Official

Dr. Donald Gates  
Business Operations Manager  
Donald.Gates@Pima.gov  
520-724-7843

### Federal Agency Information

OASH Grants and Acquisitions Management Division

#### 9. Awarding Agency Contact Information

Miss Robin Fuller  
Senior Grants Management Specialist  
robin.fuller@hhs.gov  
240-453-8830

#### 10. Program Official Contact Information

Mr. Caleb Colon  
Public Health Analyst  
caleb.colon@hhs.gov  
301-284-2291

### Federal Award Information

#### 11. Award Number

6 CPIMP211275-01-02

#### 12. Unique Federal Award Identification Number (FAIN)

CPIMP211275

#### 13. Statutory Authority

42 U.S.C. § 300u-6, (Section 1707 of the Public Health Service Act)

#### 14. Federal Award Project Title

Pima County will use human-centered design to identify and eliminate barriers; increase providers' use of accessibility standards; and promote health literacy among minority populations.

#### 15. Assistance Listing Number

93.137

#### 16. Assistance Listing Program Title

Community Program to Improve Minority Health

#### 17. Award Action Type

Change in Scope with or without Budget Revision

#### 18. Is the Award R&D?

No

### Summary Federal Award Financial Information

19. Budget Period Start Date 07/01/2021 - End Date 06/30/2023

20. Total Amount of Federal Funds Obligated by this Action

\$0.00

20a. Direct Cost Amount

\$0.00

20b. Indirect Cost Amount

\$0.00

21. Authorized Carryover

\$0.00

22. Offset

\$0.00

23. Total Amount of Federal Funds Obligated this budget period

\$4,000,000.00

24. Total Approved Cost Sharing or Matching, where applicable

\$0.00

25. Total Federal and Non-Federal Approved this Budget Period

\$4,000,000.00

26. Period of Performance Start Date 07/01/2021 - End Date 06/30/2023

27. Total Amount of the Federal Award including Approved  
Cost Sharing or Matching this Period of Performance

\$4,000,000.00

#### 28. Authorized Treatment of Program Income

ADDITIONAL COSTS

#### 29. Grants Management Officer - Signature

Dr. Scott Moore  
OASH Grants Management Officer

### 30. Remarks

This action approves 1) the change in scope request for the transfer of effort to an addition sub-recipient not in the original workplan and 2) a budget revision including approval of the request for participant support costs consistent with 45 C.F.R. 75.436.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Office of the Secretary

**Notice of Award**

Award# 6 CPIMP211275-01-02

FAIN# CPIMP211275

Federal Award Date: 07/14/2022

**Recipient Information****Recipient Name**

Pima County  
3950 S Country Club Rd Ste 100  
Tucson, AZ 85714-2226  
[NO DATA]

**Congressional District of Recipient**

03

**Payment Account Number and Type**

1866000543A1

**Employer Identification Number (EIN) Data**

866000543

**Universal Numbering System (DUNS)**

144733792

**Recipient's Unique Entity Identifier (UEI)**

U8XUY58VDQS3

**31. Assistance Type**

Project Grant

**32. Type of Award**

Other

**33. Approved Budget**

(Excludes Direct Assistance)

**I. Financial Assistance from the Federal Awarding Agency Only****II. Total project costs including grant funds and all other financial participation**

<b>a. Salaries and Wages</b>	\$522,936.00
<b>b. Fringe Benefits</b>	\$183,028.00
<b>c. Total Personnel Costs</b>	\$705,964.00
<b>d. Equipment</b>	\$0.00
<b>e. Supplies</b>	\$48,900.00
<b>f. Travel</b>	\$12,776.00
<b>g. Construction</b>	\$0.00
<b>h. Other</b>	\$526,166.00
<b>i. Contractual</b>	\$2,553,974.00
<b>j. TOTAL DIRECT COSTS</b>	\$3,847,780.00
<b>k. INDIRECT COSTS</b>	\$152,220.00
<b>l. TOTAL APPROVED BUDGET</b>	\$4,000,000.00
<b>m. Federal Share</b>	\$4,000,000.00
<b>n. Non-Federal Share</b>	\$0.00

**34. Accounting Classification Codes**

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-199CVBE	CPIMP1275C5	MPD-52	41.51	93.137	\$0.00	75-2122-0140



# DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Office of the Secretary

Award# 6 CPIMP211275-01-02

FAIN# CPIMP211275

Federal Award Date: 07/14/2022

## 35. Terms And Conditions

Performance Progress Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
07/01/2022	09/30/2022	Quarterly	10/30/2022
10/01/2022	12/31/2022	Quarterly	01/30/2023
01/01/2023	03/31/2023	Quarterly	04/30/2023
04/01/2023	06/30/2023	Final	10/28/2023

## SPECIAL TERMS AND REQUIREMENTS

1. **Prior Terms, Conditions, and Requirements.** Unless specifically removed, all prior terms, conditions, and requirements under this award remain in effect.

## CONTACTS

1. **Grants Administration Assistance.** For assistance on **grants administration** issues please contact: Robin Fuller, Grants Management Specialist, at (240) 453-8830, or e-mail [robin.fuller@hhs.gov](mailto:robin.fuller@hhs.gov) or mail:

*OASH Grants and Acquisitions Management Division  
Department of Health and Human Services  
Office of the Secretary  
Office of the Assistant Secretary for Health  
1101 Wootton Parkway, Rockville, MD 20852.*