



BOARD OF SUPERVISORS AGENDA ITEM REPORT

CONTRACTS / AWARDS / GRANTS

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: March 21, 2023

* = Mandatory, information must be provided

or Procurement Director Award ☐

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

Arizona Department of Health Services (ADHS)

***Project Title/Description:**

Home Visiting Services for Maternal, Infant and Early Childhood Home Visiting (MIECHV) program. Also known as the Nurse Family Partnership (NFP).

***Purpose:**

The purpose of this grant is to deliver an evidence-based public health home visitation program that empowers low-income, first-time mothers to develop the skills necessary to become self-reliant parents and more self-sufficient members of their community. Amendment #1 extends the term until 1/13/2027 and adds to the previous annual amount \$29,628.16 in funding for the FY2023 salary increases approved by the Board and \$39,550.63 from ADHS (through their American Rescue Plan funds) that can be used to address emergency needs of NFP clients including assistance with technology (laptop, cellphone, intranet or cell phone service) if needed to maintain participation in this program, prepaid grocery cards, diapers and other hygiene products (a total increase of \$69,178.79). The previous annual amount of \$366,788.92 and the increase of \$69,179.08 equals the \$435,967.71 on the Amendment's Price Sheet.

***Procurement Method:**

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

***Program Goals/Predicted Outcomes:**

Nurse-Family Partnership Goals include: Improve pregnancy outcomes by assisting women to make choices that improve their prenatal health. Improve child health and development by aiding parents to deliver sensitive and competent care-giving. Improve parental life-course by helping parents to develop a vision for their future, plan subsequent pregnancies, continue their education and find work.

***Public Benefit:**

The national Nurse-Family Partnership model has over 30 years of research that shows it is an evidence based program that improves pregnancy outcomes, reduces child maltreatment and abuse, improves school readiness, improves maternal outcomes, including greater economic self-sufficiency and fewer criminal convictions. It also increases paternal involvement and partner stability. Research has shown that Nurse-Family Partnership delivers multi-generational outcomes that benefit communities and reduce many of the costs associated with social service programs.

***Metrics Available to Measure Performance:**

1. Increased number of pregnancies carried to full-term at 40 weeks.
2. Decreased number of low birth weight infants.
3. Increased number of mothers initiating breastfeeding at birth.
4. Number of children assessed as current with immunizations.
5. Number of children with Ages & Stages Developmental Screenings, and Ages & Stages Social Emotional Screenings completed at appropriate ages.
6. Number of mothers enrolled in school.
7. Number of diplomas or GEDs completed.
8. Number of mothers working or gaining employment during the program.
9. Use of government assistance.
10. Number of mothers and children that graduate from the program.

***Retroactive:**

Yes. The previous award term ended 1/13/2023. The amendment was not received from ADHS until 2/1/2023. If not approved, PCHD will not be able to continue this outreach program for new mothers.

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): 23-062

Commencement Date: 01/14/2023 Termination Date: 01/13/2027 Amendment Number: 01

☐ Match Amount: \$ _____ ☒ Revenue Amount: \$ 435,967.71***All Funding Source(s) required:** U.S. Health Resources and Services Administration (HRSA)***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)?** received via the Arizona Department of Health Services (ADHS)

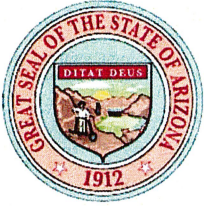
Contact: Sharon Grant

Department: Health Telephone: 724-7842

Department Director Signature/Date:  2/24/2023Deputy County Administrator Signature/Date:  3/3/2023

County Administrator Signature/Date: _____

(Required for Board Agenda/Addendum Items)



GRANT AMENDMENT

ARIZONA DEPARTMENT OF
HEALTH SERVICES
OFFICE OF PROCUREMENT
150 N 18th Ave., Ste. #530
Phoenix, Arizona 85007

GRANT NO.: **RFGA2022-003-008**

AMENDMENT NO.: **1**

Procurement Officer
Paul Evans

Home Visiting Services for The Maternal, Infant, and Early Childhood Home Visiting (MIECHV)

Effective upon signature by both parties, it is mutually agreed that the Grant referenced in this Amendment One (1) is amended as follows:

1. Pursuant to the Terms and Conditions, Provision Three (3) Grant Administration and Operation, Section 3.2 Grant Renewal, the Grant is hereby extended through **January 13, 2027**.
2. Pursuant to the Terms and Conditions, Provision Five (5) Contract Changes, Section 5.1 Amendments, Purchase Orders and Change Orders, the Price Sheet is revised and replaced.

**ALL CHANGES SHALL BE IDENTIFIED IN RED,
ALL OTHER PROVISIONS SHALL REMAIN IN THEIR ENTIRETY**

Grantee hereby acknowledges receipt and acceptance of above amendment and that a signed copy must be filed with the Procurement Office before the effective date

The above referenced Grant Amendment is hereby executed this ____ day of _____ 2023 at Phoenix, Arizona

(To be filled out by ADHS Procurement Office)

Contractor Signature

Contractor Signature Date

Authorized Signatory's Name and Title

Pima County
Grantee's Name

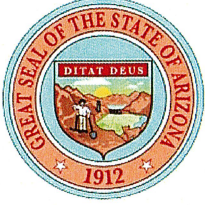
Procurement Officer Signature

APPROVED AS TO FORM:

Jonathan Pinkney
Deputy County Attorney

REVIEWED BY:

Appointing Authority or Designee
Pima County Health Department

	GRANT AMENDMENT		ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF PROCUREMENT 150 N 18 th Ave., Ste. #530 Phoenix, Arizona 85007
	GRANT NO.: RFGA2022-003-008	AMENDMENT NO.: 1	Procurement Officer Paul Evans

MIECHV Pima County Annual Price Sheet	
Cost Reimbursement Line Item Budget	
Account Classification	Total Budget
Personnel*	\$225,176.00
ERE*	\$77,620.00
Professional & Outside Services*	\$21,024.00
Travel *	\$11,165.00
Occupancy*	\$0.00
Other Operating*	\$63,260.55
Capital Outlay	\$0.00
*Indirect (10%)	\$37,722.16
TOTALS	\$435,967.71
<p>With prior written approval from the Program Manager, the contractor is authorized to transfer up to a maximum of 10% of the total budget amount between line items. Transfers of funds are only allowed between funded line items. Transfers exceeding 10% or to a non-funded line item shall require an amendment.</p>	