



BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / GRANTS

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: March 05, 2024

* = Mandatory, information must be provided

or Procurement Director Award: ☐

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

Arizona Department of Health Services (ADHS)

***Project Title/Description:**

Well Woman Health Check Program (WWHP)

***Purpose:**

Provide access for uninsured and underinsured women to receive breast and cervical cancer screening and diagnostic services. Provide Navigation Only services for insured women to assist them in receiving breast and cervical cancer screening.

Amendment #4 adds an additional \$32,000 for Personnel/ERE and Screening/Diagnostics. The Amendment also extends the Contract until February 14, 2024 as the new WWHP contracts are not ready.

***Procurement Method:**

N/A.

***Program Goals/Predicted Outcomes:**

The program aims to provide:

- Clinical breast exams, mammograms and pap/HPV tests to eligible women;
- Diagnostic services to detect breast and cervical cancers for women with abnormal screening results;
- Case management to ensure that women access and receive services;
- Navigation Only to provide individualized service planning and assistance in securing access to services for insured women for breast and cervical cancer screening;
- Development of Survivorship Care Plans for cancer survivors;
- Training and education about the program to community members and health professionals; and
- Assistance to members of the community to enroll on the Breast and Cervical Cancer Treatment Program (BCCTP).

***Public Benefit:**

The WWHP program in Pima County has been providing screening and diagnostic services since 1995 through subcontracts with community providers. In FY 22-23, over 2,254 services were provided for breast and cervical screening, approximately 360 were referred for further diagnostics, and 9 were referred for cancer treatment. In addition to screening and diagnostic services, the program educated at-risk and vulnerable women about breast and cervical health, the importance of regular screening and early detection, and community resources that are available.

***Metrics Available to Measure Performance:**

- Number of mammograms provided
- Number of pap and HPV tests
- Number of women referred for future diagnostics
- Number of women referred for cancer treatment
- Number of women provided Navigation Only services
- Number of community referrals assisted to enroll on BCCTP

***Retroactive:**

Yes. The final version of this amendment was received in January 2024. March 5th was the first BOS meeting available for this amendment to be considered. Even though, with this amendment, the WWHC grant ends February 14, 2024, approval of this amendment will allow use of the additional funding and for expenses to be charged to this grant for more than two additional weeks as compared to the previous ending date of January 28, 2024.

GMT approves
2/16/24

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: GTAM Department Code: HD Grant Number (i.e., 15-123): 24-055
Commencement Date: _____ Termination Date: 02/14/2024 Amendment Number: 04
☐ Match Amount: \$ _____ ☒ Revenue Amount: \$ 32,000.00

***All Funding Source(s) required:** Centers for Disease Control and State funding (ADOT and other)

*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)?
via the Arizona Department of Health Services

Contact: Sharon Grant

Department: Health

Telephone: 724-7842

Department Director Signature: _____

Date: 2-9-24

Deputy County Administrator Signature: _____

Date: 16 Feb 2024

County Administrator Signature: _____

Date: 2-16-2024



CONTRACT AMENDMENT

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

CONTRACT NO.: CTR059661

AMENDMENT NO.: 4

Procurement Officer
Brandon Durick

WELL WOMAN HEALTH CHECK PROGRAM

Effective January 29th, 2024, it is mutually agreed that the Contract referenced in this amendment is amended as follows:

1. Pursuant to the Uniform Terms and Conditions, Provision Five (5), Contract Changes, Item 5.1, Amendments, the Special Terms and Conditions, Provision Three (3), Contract Extensions (5 Year Maximum), is hereby amended with the following:
 - 1.1 The Contract is hereby extended through **February 14th, 2024.**
2. Pursuant to the Uniform Terms and Conditions, Provision Five (5), Contract Changes, Section 5.1., Amendments the Contract is hereby revised with the following:
 - 2.1. The Price Sheet is revised and replaced.
 - 2.2. Exhibit One (1) is revised and replaced.

CHANGES SHALL BE REFLECTED IN **RED**

ALL OTHER PROVISIONS SHALL REMAIN IN THEIR ENTIRETY

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

The above referenced Contract Amendment is hereby executed this _____ day of _____ 20____ at Phoenix, Arizona.

***This section to be completed by the Procurement Office.

Contractor Signature

Contractor Signature Date

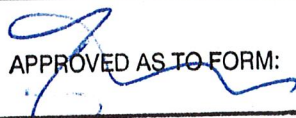
Authorized Signatory's Name and Title

PIMA COUNTY HEALTH DEPARTMENT

Contractor's Name

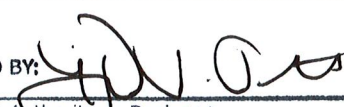
Procurement Officer Signature

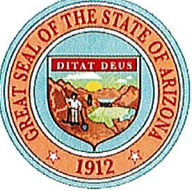
APPROVED AS TO FORM:


Deputy County Attorney
Jonathan Pinkney

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REVIEWED BY:


Appointing Authority or Designee
Pima County Health Department

	CONTRACT AMENDMENT		ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF PROCUREMENT 150 N 18 th Ave., Ste. #530 Phoenix, Arizona 85007
	CONTRACT NO.: CTR059661	AMENDMENT NO.: 4	Procurement Officer Brandon Durick

REVISED PRICE SHEET

JUNE 30TH, 2023 - FEBRUARY 14TH, 2024

Description	Amount
Personnel and ERE	\$150,000.00
Screening and Diagnostic (Payment for covered services shall be made per reimbursement rates in accordance with current Medicare Part B allowable rates and as provided on the Purchase Order)	\$174,425.00
Navigation Only	\$600
Sub Recipient Indirect (Paid for by other direct funds)	\$2,000
Other Operating Expenses	\$2,000
Total (NOT TO EXCEED)	\$329,025.00

****Note: With prior consent of the Well Woman Health Check Program Director and as approved on the CER, the Contractor is authorized to transfer up to a maximum of twenty percent (20%) of the total budget between line items. Transfers exceeding twenty percent (20%) shall require a written Contract Amendment. The Contractor must maintain federal funding requirements.


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Exhibit - 2 CFR 200.332

§ 200.332

Requirements for pass-through entities.

All pass-through entities must:

(a) Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the following information at the time of the subaward and if any of these data elements change, include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the Federal award and subaward.

Prime Awardee:

Arizona Department of Health Services

DUNS #

804745420

Federal Award Identification (Grant Number):

1 NU58DP007089-02-00

Subrecipient name (which must match the name associated with its unique entity identifier):

Pima County Health Department

Subrecipient's unique entity identifier (DUNS #):

U8XUY58VDQS3

Federal Award Identification Number (FAIN, sometimes it's the same as the Grant Number):

NU58DP007089

Federal Award Date (see the definition of Federal award date in § 200.1 of this part) of award to the recipient by the Federal agency;

05/18/2023

Subaward Period of Performance Start and End Date;

06/30/2022-06/29/2027

Subaward Budget Period Start and End Date:


06/30/2022-02/14/2024

Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient (this is normally the contract amount):

\$329,025.00

Total Amount of Federal Funds Obligated to the subrecipient by the pass-through entity including the current financial obligation (how much is available for contracts):

\$2,985,675.00

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Total Amount of the Federal Award committed to the subrecipient by the pass-through entity **\$4,393,880.00**

Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)

Arizona Cancer Prevention, Control and Surveillance

Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity

Department of Health and Human Services Center for Disease Control & Prevention

Assistance Listings number and Title; the pass-through entity must identify the dollar amount made available under each Federal award and the Assistance Listings Number at time of disbursement:

93.898- Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations

Identification of whether the award is R&D

No

Indirect cost rate for the Federal award (including if the de minimis rate is charged) per § 200.414

0.01%