



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

**Requested Board Meeting Date:** Oct. 6, 2015

**or Procurement Director Award** ☐

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**Contractor/Vendor Name (DBA):** Arizona Department of Health Services

**Project Title/Description:**

Tuberculosis Control Program (Directly Observed Therapy)

**Purpose:**

The purpose of this funding is to supplement Pima County health Department efforts to control and prevent tuberculosis (TB) in Pima County by:

- Finding all cases of active TB and ensuring completion of directly observed therapy;
- Identifying, medically evaluating, and ensuring completion of treatment for latent TB infection for contacts to pulmonary TB cases; and
- Reporting TB surveillance data.

This Amendment is solely to change the ADHS contract number. All contracts with ADHS that were in process on July 1, 2015 when a new ProcureAZ system took effect require numbers that begin with ADHS16\*, and thus an amendment to change the number.

**Procurement Method:**

N/A

**Program Goals/Predicted Outcomes:**

To enhance TB case completion of therapy rates through the use of Direct Observation Therapy.

**Public Benefit:**

Decreased prevalence of TB in the community.

**Metrics Available to Measure Performance:**

Per calendar year: % of cases that completed treatment within 12 months; % of contacts identified, evaluated, and treated for LTBI; % of reports that are complete and reported to CDC.

**Retroactive:**

No.

**Original 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): \_\_\_\_\_

Cost to Pima County General Fund: \_\_\_\_\_

Contract is fully or partially funded with Federal Funds? ☐ Yes ☐ No ☐ Not Applicable to Grant Awards  
Were insurance or indemnity clauses modified? ☐ Yes ☐ No ☐ Not Applicable to Grant Awards  
Vendor is using a Social Security Number? ☐ Yes ☐ No ☐ Not Applicable to Grant Awards

If Yes, attach the required form per Administrative Procedure 22-73.

**Amendment Information**

Document Type: GTAM Department Code: HD Contract Number (i.e., 15-123): 16\*15  
Amendment No.: Five AMS Version No.: 1  
Effective Date: upon final signature New Termination Date: 12/31/2017 (no change)  
☐ Expense ☐ Revenue ☐ Increase ☐ Decrease Amount This Amendment: \$ N/A  
Funding Source(s): ADHS / Federal

Cost to Pima County General Fund: \$0.00

Contact: Sharon Grant  
Department: Health Telephone: 724-7842  
Department Director Signature/Date: \_\_\_\_\_  
Deputy County Administrator Signature/Date: [Signature] 9-14-15  
County Administrator Signature/Date: C. Dulebeney 9/15/15  
(Required for Board Agenda/Addendum Items)





# INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT

ARIZONA DEPARTMENT  
OF HEALTH SERVICES  
1740 West Adams, Room 303  
Phoenix, Arizona 85007  
(602) 542-1040  
(602) 542-1741 FAX

Contract No.. ADHS15-096475

Amendment No : 5

Procurement Officer:  
Delilah Gonzalez

## TUBERCULOSIS CONTROL

It is mutually agreed that the Intergovernmental Agreement referenced is amended as follows.

- 1 Contract **ADHS15-096475** (old contract) is changed to new contract number **ADHS16-102509** The assignment of new Contract number is the result of an update to the statewide system

ALL OTHER PROVISIONS OF THIS AGREEMENT REMAIN UNCHANGED.

Contractor Name:  
**PIMA COUNTY HEALTH DEPARTMENT**

Authorized Signature

**2980 E. AJO WAY**

Address:

Print Name

**TUCSON**

**ARIZONA**

**85713**

City

State

Zip

Title

Pursuant to A.R.S. § 11-952, the undersigned public agency attorney has determined that this Intergovernmental Agreement is in proper form and is within the powers and authority granted under the laws of Arizona

This Intergovernmental Agreement Amendment shall be effective the date indicated. The Public Agency is hereby cautioned not to commence any billable work or provide any material, service or construction under this IGA until the IGA has been executed by an authorized ADHS signatory

State of Arizona

Signature

Date

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 2015.

Print Name

Title

Procurement Officer

Attorney General Contract No.: **P0012014000078**, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney, who has determined that it is in proper form and is within the powers and authority granted under the laws of the State of Arizona.

RESERVED FOR USE BY THE SECRETARY OF STATE

**Under House Bill 2011, A.R.S. § 11-952 was amended to remove the requirement that Intergovernmental Agreements be filed with the Secretary of State.**

Signature

Date

Print Name

Title

Assistant Attorney General

REVIEWED BY:

Appointing Authority or Designee  
Pima County Health Department