



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

Requested Board Meeting Date: September 6, 2016

or Procurement Director Award

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

Project Title/Description:
Tuberculosis Control Program

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 therapy;
- Identifying, medically evaluating, and ensuring completion of treatment for latent TB infection for contacts to pulmonary TB cases;
- Reporting TB surveillance data;
- Identifying and managing non-contacts with latent TB infection; and
- Providing training and education.

This Amendment allocates funding for fiscal year 2016 -17. The total dollar amount remains the same, with funds being reallocated from Personnel to Other Operating Expenses to cover medication expense. The other ADHS TB grant (ADHS16-102509 for TB Control - Directly Observed Therapy) was previously amended to increase Personnel in that grant to compensate for the decrease in Personnel in this grant. The same staff work on both grants.

Procurement Method:

N/A

Program Goals/Predicted Outcomes:

To improve surveillance, reporting, investigating and treatment of TB related disease in Pima County.

Public Benefit:

Decreased prevalence of TB in the community.

Metrics Available to Measure Performance:

Per fiscal year: % of cases that complete treatment within 12 months; % of contacts identified, evaluated, and treated for latent TB infection; % of reports that are complete and reported to ADHS and CDC; % of co-infected HIV cases reported; and number of outreach and educational activities conducted.

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): 17*13

Amendment No.: Three AMS Version No.: 1

Effective Date: upon final signature New Termination Date: 6/30/2018 (no change)

Expense Revenue Increase Decrease Amount This Amendment: \$ no change in total

Funding Source(s): ADHS / CDC

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: _____

County Administrator Signature/Date: _____
(Required for Board Agenda/Addendum Items)

Jan
12 Aug 16
B-23-16
C. R. ... 8/23/16



**INTERGOVERNMENTAL AGREEMENT (IGA)
AMENDMENT**

**ARIZONA DEPARTMENT OF
HEALTH SERVICES**
150 North 18th Ave., Suite 280
Phoenix, Arizona 85007
(602) 542-1040
(602) 542-1741 FAX
Procurement Officer:
Delilah Gonzalez

Agreement No. **ADHS16-102511**

Amendment No. **3**

TUBERCULOSIS CONTROL

Effective upon signature, it is mutually agreed that the referenced Agreement is amended as follows:

- Pursuant to Terms and Conditions of the Agreement, Provision Six (6) Contract Changes, Section 6.1 Amendments, Purchase Orders and Change Orders, the Price Sheet shall be replaced with the Price Sheet in this Amendment. The Price Sheet total dollar amount remains the same; funds are reallocated due to Other Operating Expense to cover additional medication expense.

(Continued on the next page)

PIMA COUNTY HEALTH DEPARTMENT

Contractor Name			Authorized Signature		
3950 S. Country Club Rd., Suite 100					
Address			Print Name		
TUCSON	AZ	85714			
City	State	Zip	Title		

<p>CONTRACTOR ATTORNEY SIGNATURE 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.</p> <p><i>Paula Ferrea</i> 8-18-16</p> <p>Signature Date</p> <p><i>Paula S. Ferrea</i></p> <p>Print Name</p>		<p>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.</p> <p>State of Arizona</p> <p>Signed this _____ day of _____ 2016</p>
<p>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.</p> <p>Signature Date</p> <p>Assistant Attorney General Print Name</p>		<p>Procurement Officer</p>

<p>REVIEWED BY <i>[Signature]</i> 18 Aug 16</p> <p>Appointing Authority or Designee Pima County Health Department</p>



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Revised Price Sheet

	Account Classification	Amount
1.	Personnel Services and ERE	\$38,303.55
2.	Professional and Outlets Services	\$0.00
3.	Travel Expenses	\$5,115.89
4.	Other Operating Expenses	\$26,273.00
5.	Capital Outlay Expenses	\$0.00
6.	Other	\$6,457.56
	TOTAL	\$76,150.00

LINE ITEM BUDGET TRANSFERS

With prior approval from the ADHS TB Program Manager, the contractor is authorized to transfer up to a maximum of thirty-five percent (35%) of the total budget amount between line items. Transfers of funds are only allowed between funded line items. Transfers exceeding thirty-five percent (35%) or to a non-funded item shall require an Agreement Amendment.