

BOARD OF SUPERVISORS AGENDA ITEM REPORT CONTRACTS / AWARDS / GRANTS

Requested Board Meeting Date: January 17, 2017

or Procurement Director Award

Contractor/Vendor Name (DBA): University of Arizona

Project Title/Description:

University of Arizona Nutrition Network/Supplemental Nutrition Assistance Education Program (UANN SNAP-Ed)

Purpose:

The Health Department will provide policy coordination and liaise with the University of Arizona to assist with implementation of SNAP-Ed initiatives in Pima County, including nutrition education and policy systems / environmental strategies that promote healthy eating and physical activity. This amendment reduces funding for Year 1 of the grant term to the amount that was spent. Grant funds are not allowed to roll forward.

Procurement Method:

Not applicable - grant

Program Goals/Predicted Outcomes:

1. To establish healthy eating habits and a physically active lifestyle for SNAP-Ed participants

2. To prevent or postpone the onset of diseases for SNAP-Ed participants who have risk factors for nutrition-related chronic diseases

Public Benefit:

Reduction in chronic diseases in Pima County Reduction in the duplication of services provided to SNAP-Ed participants Increase in community collaboration

Metrics Available to Measure Performance:

- 1. Number of hours worked on project
- 2. Number of meetings held with site leaders and managers
- 3. Number of meetings held with community partners
- 4. Percent of communities reached

Retroactive:

Yes. This amendment takes effect October 1, 2016. It was received from the University on December 22, 2016.

Original Information			
Document Type: Department Code:	Contract Number (i.e.,15-123):		
Effective Date: Termination Date:			
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 Proce	dure 22-73.		
Amendment Information			
Document Type: GTAM Department Code: HD	Contract Number (i.e., 15-123): 17-37		
Amendment No.: Two	AMS Version No.: One		
Effective Date: 10/01/2016	New Termination Date: 09/30/2017 (no change)		
Expense Revenue Increase Decrease	e Amount This Amendment: \$(17,871.90)		
Funding Source(s): USDA (federal) via the University of	Arizona		
Cost to Pima County General Fund: \$0.00			
Cost to Pima County General Fund: \$0.00			
Cost to Pima County General Fund: \$0.00			
Cost to Pima County General Fund: \$0.00 Contact: Sharon Grant			
	Telephone: 724-7842		
Contact: Sharon Grant	Telephone: 724-7842		
Contact: Sharon Grant Department: Health Department Director Signature/Date:			
Contact: Sharon Grant Department: Health			

Rese		baward Agre n dment	ement		
Pass-through Entity (PTE		Subrecip	ient		
PTE		Subrecipient			
Arizona Board of Regents, The University of Arizona Address		Address	Pima County Health Department		
888 N. Euclid Avenue, Rm. 515		3950 S. Country Club Rd., Suite #100			
City, State, Zip+4 (Country): Tucson AZ 85721		City, State, Zip+4 (Country): Tucson, AZ 85714-2226			
PTE Principal Investigator (PI): Scottie Misner		Subrecipient Principal Investigator (PI): Francisco Garcia			
PTE Federal Award No: NDHS16-106455			Federal Awardi United States D	ding Agency: Department of Agriculture	
Project Title: FFY 16 AzNN SNAP-Ed					
Subaward Period of Performance:	Amount I		Amendment No:	o: Subaward No:	
Start Date: Oct 1, 2015 End Date: Sep 30, 2017		on: _\$ 17,871.90	2	322467	
Effective Date of Amendment: Oct 1, 2016	Total Amount of Federal		44,287.90	Subject to FFATA Yes or Volume	
Amendr This Amendment revises		riginal Terms and C ferenced Research S		t as follows:	
All other provisions of this Subaward remain	n unchange	d.			
All other terms and conditiona By an Authorized Official of Pass-through E	Entity:		<u>nt remain in full fe</u> prized Official of Se	ubrecipient:	
Name	Date	Name		Date	
Title		Title			

PIMA COUNTY APPROVALS: APPROVED:

Chair of the Board of Supervisors

Date:_____

ATTEST:

Clerk of the Board

Date:

APPROVED AS TO FORM:

2

Deputy County Attorney

Date: 12/29/ 16

APPROVED AS TO CONTENT:

anesan

Department Representative

Date: 1.3.2017