



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

Requested Board Meeting Date: 3/7/17

or Procurement Director Award ☐

Contractor/Vendor Name (DBA): Arizona Alliance for Community Health Centers, Navigator grant

Project Title/Description:

Affordable Care Act Navigator Grant

Purpose:

To provide health insurance outreach and education related to the Affordable Care Act (ACA) and provide health insurance enrollment assistance. Amendment #1 reduces funding due to a vacancy in the Navigator position. This funding will be redistributed to other Pima County partners.

Procurement Method:

N/A

Program Goals/Predicted Outcomes:

Increase the use of health insurance among clients, create materials to target the uninsured in Pima County, and enroll health clinic clients and others seeking assistance with health insurance under the ACA

Public Benefit:

To educate clients and staff in the clinics about health benefits under the ACA and assist with enrollment applications. A Navigator is able to answer technical questions and help direct clients that are currently uninsured to resources. The Navigator has the highest level of certification, allowing for a wider range of assistance to clients.

Metrics Available to Measure Performance:

of individuals enrolled in health insurance;

of individuals educated on the ACA and options available to them; and

targeted for outreach.

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): 17-47
Amendment No.: One AMS Version No.: One
Effective Date: upon execution New Termination Date: no change
☐ Expense ☒ Revenue ☐ Increase ☒ Decrease Amount This Amendment: \$ (6,000.00)
Funding Source(s): AACHC / Federal - Health and Human Services

Cost to Pima County General Fund: \$0.00

Contact: Sharon Grant
Department: Health Telephone: 724-7842
Department Director Signature/Date: _____ 8 Feb 2017
Deputy County Administrator Signature/Date: _____ 2-14-2017
County Administrator Signature/Date: _____ C. Decker 2/15/17
(Required for Board Agenda/Addendum Items)

Sub-Recipient Agreement
Between Arizona Association of Community Health Centers (dba Arizona Alliance for Community Health Centers) and Pima County Health Department
Amendment #1

Effective upon execution, it is mutually agreed that the agreement made and entered into by and between the Arizona Association of Community Health Centers (dba Arizona Alliance for Community Health Centers) and Pima County Health Department (hereinafter referred to as "Sub-recipient"), is amended as follows:

The sub-recipient's budget in the first paragraph of the **Payment** section (page 1) for Cooperative Agreement #5 NAVCA150242-02-00 (CFDA NO 93.332) for the budget period September 2, 2016 through September 1, 2017 is replaced as follows:

Total funds available to the Sub-recipient during the budget period:

Pima County Health Department (Pima County)	Personnel: .269 FTE Nav. * \$18/hr (560.44 hours)	\$10,088
	Fringe: 38% of personnel	\$ 3,833
	Travel: Mileage: 183m @ \$.445/m	\$ 81
	Other: Printing, 3300 flyers @ \$.10 each; WIFI card 1 @ \$40/mo; HEA Lic @ \$50/mo; 1 fingerprinting & lic fee @ \$42	\$ 1,452
	Indirect: 10% of direct expenses	\$ 1,546
	TOTAL Pima County Health Department	\$17,000

Except as set forth in this Amendment, the Sub-recipient agreement, executed on December 21, 2016, is unaffected and shall continue in full force and effect in accordance with its terms. If there is conflict between this Amendment and the sub-recipient agreement or any earlier amendment, the terms of this Amendment will prevail.

This Amendment of the Sub-Recipient Agreement shall be binding upon and inure to the benefit of the parties, their successors, and personal representatives.

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Agreed to by:

John C. McDonald, Chief Executive Officer
Arizona Alliance for Community Health Centers

Date

PIMA COUNTY

Chair, Board of Supervisors

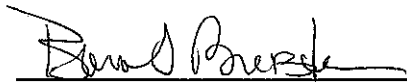
Date

ATTEST

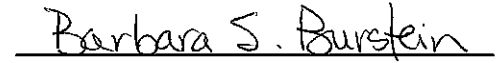
Clerk of Board

Date

APPROVED AS TO FORM

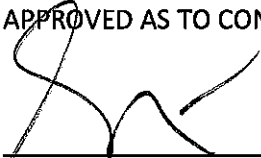


Deputy County Attorney

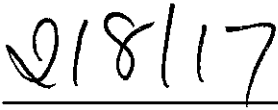


Print DCA Name

APPROVED AS TO CONTENT



Pima County Health Department



Date