



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

Award Contract Grant

Requested Board Meeting Date: March 5, 2019

* = Mandatory, information must be provided

or Procurement Director Award

***Contractor/Vendor Name/Grantor (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 TB therapy by 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.

Amendment #1 changes the Price Sheet to an annual total of \$92,202, an increase of \$6,830.

***Procurement Method:**

Procurement rules do not apply to grant awards.

***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 by ensuring that TB patients take their medicine on a timely basis.

***Metrics Available to Measure Performance:**

- Percent of cases that completed treatment within 12 months;
- Percent of contacts identified, evaluated, and treated for LTBI;
- Percent of reports that are complete and reported to CDC;
- Percent of newly reported TB cases with HIV status.

***Retroactive:**

No.

Contract / Award 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) 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 22-73.

Amendment / Revised Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____

Amendment No.: _____ AMS Version No.: _____

Effective Date: _____ New Termination Date: _____

Prior Contract No. (Synergen/CMS): _____

Expense or 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): 19-37

Effective Date: 03/05/19 Termination Date: _____ Amendment Number: 01

Match Amount: \$ _____ Revenue Amount: \$ 92,202.00

***All Funding Source(s) required:** Department of Health and Human Services / Centers for Disease Control and Prevention (CDC) via ADHS (State)

***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 Arizona Department of Health Services

Contact: Sharon Grant

Department: Health Telephone: 724-7842

Department Director Signature/Date: Marcgor Sanchez / 2/18/19

Deputy County Administrator Signature/Date: Juan / 2/10/2019

County Administrator Signature/Date: C. Delabney / 2/11/19
(Required for Board Agenda/Addendum Items)



INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT

ARIZONA DEPARTMENT OF HEALTH SERVICES
150 N. 18th Avenue, Suite 260
Phoenix, Arizona 85007

Contract No: ADHS18-188129 Amendment No. 1

Procurement Specialist
Felicia Marquez

TUBERCULOSIS CONTROL PROGRAM

Effective upon signature. It is mutually agreed that the Intergovernmental Agreement referenced is amended as follows:

- 1. Pursuant to Terms and Conditions, Provision Six (6), Contract Administration and Operation, subsection 6.1, Amendments, Purchase Orders and Change Orders, the original price sheet is revised with the price sheet of this Amendment One (1).

ALL OTHER PROVISIONS OF THIS AGREEMENT REMAIN UNCHANGED

Pima County Health Department

Contractor Name

3950 S Country Club Rd, #100

Address

Tucson Arizona 85714
City State Zip

CONTRACTOR SIGNATURE

Contractor Authorized Signature

Printed Name

Title

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 the State of Arizona.

Signature Jonathan Pinkney Date 2/6/19

Printed Name

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

Signed this ___ day of ___ 2019__

Procurement Officer

Attorney General Contract No. ADHS18-188129, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney General, 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.

Signature Assistant Attorney General Date

Printed Name:

RESERVED FOR USE BY THE SECRETARY OF STATE

REVIEWED BY: [Signature]
Appointing Authority or Designee
Pima County Health Department

**ARIZONA DEPARTMENT OF HEALTH SERVICES – PRICE SHEET
 VENDOR: PIMA COUNTY – TB CONTROL
 COST REIMBURSEMENT - CONTRACT #ADHS18-188129**

LINE ITEM	BUDGET AMOUNT
Personal Services and ERE	\$61,396.00
Professional and Outside Services	\$0
Travel Expenses	\$15,134.00
Other Operating Expenses	\$15,672.00
Capital Outlay Expenses	\$0
Other	\$0
Total	\$92,202.00

Note: 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 amendment.