



## **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 ☐

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**\*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 ☒ AmendmentDocument Type: GTAM Department Code: HD Grant Number (i.e., 15-123): 19-37Effective 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 ServicesContact: Sharon GrantDepartment: HealthTelephone: 724-7842Department Director Signature/Date: Marcgor Sanchez 2/8/19Deputy County Administrator Signature/Date: Jamir 2/10/2019County 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. 18<sup>th</sup> 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 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

**CONTRACTOR SIGNATURE**

Contractor Authorized Signature

Printed Name

Title

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

**RESERVED FOR USE BY THE SECRETARY OF STATE**

**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:

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**

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

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.