



**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 (ADHS)

***Project Title/Description:**

WIC, BFPC and FMNP Services. This IGA grant is for the Women, Infants, and Children (WIC), Breastfeeding Peer Counseling (BFPC) and Farmers' Market Nutrition Program (FMNP).

***Purpose:**

The Arizona Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides nutrition education and breastfeeding support services, supplemental nutritious foods, and referrals to health and social services. WIC serves pregnant, breastfeeding, and postpartum women, infants, and children under the age of five who are determined to be at nutritional risk.

WIC participants may also participate in the Arizona Farmers' Market Nutrition Program (FMNP). WIC families receive Farmers' Market checks to spend for fresh, locally grown vegetables and fruits at approved Farmers' Markets.

Amendment #1 makes two administrative changes: a change in contract number due to ADHS using a new Procurement system and an addition to the terms stating that the Israel boycott prohibition is not enforceable at this time. There is no change in term, scope or pricing.

***Procurement Method:**

Not Applicable - grant award

***Program Goals/Predicted Outcomes:**

The goal of this program is to improve the health of pregnant, postpartum and breastfeeding mothers, as well as their infants and children up to age five, by: 1) providing nutritious foods to supplement the diet of low-income participants; 2) providing breastfeeding education and support to increase the number of babies that are breastfed and to increase the duration of breastfeeding; 3) providing nutrition education; and 4) reducing malnutrition.

The Pima County WIC program's contractual goal is to serve an average of 9,300 clients per month during Fiscal Year 2019.

***Public Benefit:**

These programs benefit qualifying low income pregnant, postpartum and breast feeding mothers and their infants and children up to age five in Pima County. During the last fiscal year an average of 9,000 participants were served each month through the Pima County WIC program. For the current fiscal year we anticipate serving approximately 9,300 participants each month.

***Metrics Available to Measure Performance:**

ADHS conducts annual Financial Audits to review cost allowance, financial control improvement and improved Local Agency service. In addition, ADHS conducts biennial Management Evaluations to review management processes, client certification, food package determination, and nutrition education. ADHS also measures monthly and yearly caseload, indicated by the number of clients issued monthly supplemental food benefits.

***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): 19-38

Effective Date: 03/05/2019 Termination Date: _____ Amendment Number: 01

Match Amount: \$ _____ Revenue Amount: \$ _____

***All Funding Source(s) required:** N/A - no change in funding

***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)?** _____

Contact: Sharon Grant

Department: Health

Telephone: 724-7842

Department Director Signature/Date: [Signature] 2-7-2019 / [Signature] 2/8/19

Deputy County Administrator Signature/Date: [Signature] 2/10/2019

County Administrator Signature/Date: [Signature] 2/11/19
(Required for Board Agenda/Addendum Items)

