



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: June 18, 2019

* = Mandatory, information must be provided

or Procurement Director Award ☐

***Contractor/Vendor Name/Grantor (DBA):**

Arizona Department of Health Services (ADHS)

***Project Title/Description:**

Immunization Services

***Purpose:**

Develop and support ongoing strategies to address immunization issues and promote activities to increase the immunization rates of Pima County's children, teens, and adults.

Amendment #1 makes some scope changes to the reporting and monitoring requirements in order to comply with the Centers for Disease Control directive to transition the quality improvement program from AFIX (Assessment, Feedback, Incentives and ExChange) to Immunization Quality Improvement for Providers (IQIP). There are no changes to the funding with this amendment.

***Procurement Method:**

This Intergovernmental Agreement is a non-Procurement grant and not subject to Procurement rules.

***Program Goals/Predicted Outcomes:**

1. Provide resources and training to Pima County Health Department immunization clinic staff.
2. Provide immunization services to Pima County residents.
3. Coordinate with schools, childcare centers, providers, and other community partners to better utilize resources for immunization.

***Public Benefit:**

Reduced incidence of vaccine preventable disease in Pima County.

***Metrics Available to Measure Performance:**

1. Immunization coverage rates for Pima County students.
2. Incidence of vaccine preventable disease reported in Pima County.

***Retroactive:**

No.

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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): 19-56Effective Date: upon signature Termination Date: _____ Amendment Number: 01☐ Match Amount: \$ _____ ☐ Revenue Amount: \$ _____***All Funding Source(s) required:** Centers for Disease Control and Prevention, CFDA #93.539
via Arizona Department of Health Services***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 ADHS

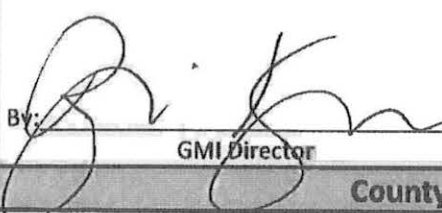
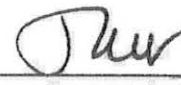
Contact: Sharon GrantDepartment: HealthTelephone: 724-7842Department Director Signature/Date: Mandy Peterson 5.22.2019Deputy County Administrator Signature/Date: John 5/23/2019County Administrator Signature/Date: C. DeCubney 5/23/19
(Required for Board Agenda/Addendum Items)

GRANT APPLICATION APPROVAL REQUEST

Instructions: Fill out the top section of this form completely. Contact the program Grants Management & Innovation (GMI) Lead if you require assistance (724-2240). Email your completed request to: GMI@plma.gov. Your request will be forwarded to County Administration for review. Notification of approval requests should be submitted at least 15 business days prior to the application's submission deadline (AP 5-1 Procedure).

Instructions: Fill out the top section of this form completely. Contact the program Grants Management & Innovation (GMI) Lead if you require assistance (724-2240). Email your completed request to: GMI@olma.gov. Your request will be forwarded to County Administration for review. Notification of approval requests should be submitted at least 15 business days prior to the application's submission deadline (AP 5-1 Procedure).

Requesting department or entity:	Health	Date: 6/10/19
Contact information:	Name: Sharon Grant	Telephone: 724-7842
Funding opportunity title:	Immunization Services	
Link to opportunity:		
Funding agency:	Arizona Department of Health Services /	
Amount to be requested:	\$ 0.00	
Due date and time:	Select One	
What are you going to spend the money on?	This GAAR is for Amendment #1. Amendment #1 makes some scope changes to the reporting and monitoring requirements in order to comply with the Centers for Disease Control directive to transition the quality improvement program from AFIX (Assessment, Feedback, Incentives and ExChange) to Immunization Quality Improvement for Providers (IQIP). There is no funding being added with this amendment and therefore the question about indirect costs does not apply.	
What will be the benefit to Pima County?	This grant helps the Pima County Health Department to reduce the incidence of vaccine preventable diseases in Pima County by working with local schools and the Health Department's clinics to vaccinate children and to address epidemics such as the Hep A one currently affecting Pima County.	
Indirect costs – check one:	<input type="checkbox"/> I will be requesting indirect costs. Indirect-cost rate to be requested: % <input type="checkbox"/> I have attached a request for waiver of indirect costs (GMI Intranet) <input type="checkbox"/> I need help understanding indirect costs	
By: _____ Date: 06/10/19 Department Director or Designee		

GRANT COST/BENEFIT ANALYSIS	
To be completed by GMI staff	
CFDA No.	ADHS Immunization - <u>CFDA 93.557</u>
Competitive Criteria:	n/a
Other Factors:	ADHS Immunization
Number of Awards:	na Total amount to be awarded:
Match Required: <input type="checkbox"/> Yes <input type="checkbox"/> No If required what is the amount/percent: _____	
Terms Notes (e.g. unusual restrictions, reporting burdens, etc.):	Program start 1/1/2018 and terminates on 12/31/2022
<div style="display: flex; justify-content: space-between;"> <div> Will this project require additional office/project space? Will this project require staff time that cannot be paid for by the grant? Will your project require any equipment items over \$5,000 per item? Does the proposal use a fixed price contract? Is this project subject to Human Subjects compliance? Does this project involve subrecipients? Is there a Statutory Funding Preference from the funding agency? </div> <div style="text-align: right;"> <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> </div> </div>	
Allowable Indirect Rate: _____ If Indirect is not allowed, attach documentation.	
List any other proposal or funder specific requirements:	Amendment 1 is a change in the scope of work that is budget neutral does not apply to the indirect cost.
GMI notes & recommendations:	
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  By: _____ GMI Director </div> <div style="text-align: center;"> Date: <u>6/10/19</u> </div> </div>	
County Administrator Approval Request	
Approved: <u> ✓ </u> Not Approved: _____ Subject to Further Review: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If your project is subject to further review, please contact your GMI Lead to discuss necessary revisions prior to resubmission of the Grant Approval Application Request.	
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  By: _____ County Administrator or Designee </div> <div style="text-align: center;"> Date: <u>6/10/19</u> </div> </div>	



INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT

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

Contract No.: **ADHS18-177695**

Amendment No.: **1**

Procurement Officer:
Bariah Steiner

Immunization Services

Pursuant to Uniform Terms and Conditions, Provision (6) Contract Changes, (6.1) Amendments, Purchase Orders, and Change Orders, it is mutually agreed that the Intergovernmental Agreement referenced is amended as follows:

The Scope of Work is hereby revised and replaced as follows:

- Section Four (4), Tasks, Item 4.1.2, is hereby revised in this Amendment One (1) to read:
 - 4.1.2. Share the IAP and Immunization Quality Improvement for Providers (IQIP) Assessment Reports with the Medical Director, Local Health Officer (LHO), and/or other staff for review and/or approval as dictated by county health department protocol.
- Section Four (4), Tasks, Item 4.5, Activity Five (5) AFIX Assessment Reports, is hereby revised and replaced in this Amendment One (1)

Continued onto the next page

ALL OTHER PROVISIONS OF THIS AGREEMENT REMAIN UNCHANGED.

PIMA COUNTY

Contractor Name:

Authorized Signature

3950 S. COUNTRY CLUB RD., #100

Address:

Print Name

Tucson

AZ

85714

City

State

Zip

Title

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 Arizona

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

Signature

Date

Signed this _____ day of _____ 20__

Jonathan Pinkney

Dep. County Atty.

Print Name

Title

Procurement Officer

Attorney General Contract No.: **ADHS18-177695**, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney, 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.

RESERVED FOR USE BY THE SECRETARY OF STATE

Signature

Date


REVIEWED BY

Appointing Authority or Designee
Pima County Health Department

Print Name

Assistant Attorney General

Title

	<p style="text-align: center;">INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT SCOPE OF WORK</p>		<p>ARIZONA DEPARTMENT OF HEALTH SERVICES 150 N. 18th Avenue, Suite 260 Phoenix, Arizona 85007</p>
	Contract No.: ADHS18-177695	Amendment No.: 1	Procurement Officer: Bariah Steiner

4.5. Activity Five (5) Immunization Quality Improvement

4.5.1. AIPO will provide quality improvement assistance to the Contractor, on an annual basis, as part of the Immunization Quality Improvement for Providers (IQIP) program. This program replaces the current Assessment, Feedback, Incentives and eXchange (AFIX) program, per CDC directives, on July 1, 2019. As part of the IQIP requirements, the Contractor shall receive the following assistance:

- 4.5.1.1. An annual in-person site visit from AIPO staff to include an ASIIS-based coverage rate report for children ages 24-35 months and for adolescents aged thirteen (13) years, including a list of patients not up-to-date. The visit will include a discussion of current immunization practices and quality improvement goals;
- 4.5.1.2. Phone-based check-in calls at two (2) months and six (6) months post-site visit to include a discussion of the quality improvement objectives and any technical assistance requested by the Contractor; and
- 4.5.1.3. An email-based check-in at twelve (12) months post-site visit, to include a follow-up coverage rate assessment, a discussion of progress toward quality improvement goals, and any other technical assistance requested by the Contractor.

4.5.2. **Removed.**