



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: September 3, 2019

* = Mandatory, information must be provided

or Procurement Director Award ☐

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

The Arizona Department of Health Services (ADHS)

***Project Title/Description:**

Expansion of Behavioral Risk Factor Surveillance System Survey in Pima County. The original agreement can be found by searching 17*397 in OnBase.

***Purpose:**

To allow for additional surveys to be collected with the biennial Arizona Behavioral Risk Factor Surveillance System (BRFSS) survey. This will in turn allow for better estimation of areas smaller than the county level.

Amendment #2 extends the term for a year without adding funds so that the agreement will be in place if the Pima County Health Department decides to request more surveys be done.

***Procurement Method:**

This IGA is a non-Procurement contract and not subject to Procurement rules.

***Program Goals/Predicted Outcomes:**

Better analysis of health risks and outcomes for different populations within the County.

***Public Benefit:**

More localized analysis will allow for more targeted programs and interventions within sub-regions in the County.

***Metrics Available to Measure Performance:**

Number of additional surveys distributed and information collected.

***Retroactive:**

Yes. The renewal of this IGA was initially delayed for several weeks due to the transition to a new Health Department Director and not knowing whether PCHD wanted to order additional surveys at this time or not. The decision was made to just extend the term to keep the agreement "open". The Amendment was sent to ADHS on July 11, 2019 for signatures. Unfortunately, the Procurement Officer responsible for obtaining ADHS signatures left their position and did not hand it over to anyone. On July 29, 2019, the document was found and there was further delay while obtaining signatures. The original copy was received by PCHD on August 23, 2019.

AUG 28 19:09:34 PCHD/CFF/BD

[Handwritten signature]

To: COB - 8/28/19

Ver. - 2

pgs - 2

(1) Page 1 of 2
Addendum

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: CT Department Code: HD Contract Number (i.e., 15-123): 18-452Amendment No.: 02 AMS Version No.: 02Effective Date: 08/01/2019 New Termination Date: 08/01/2020Prior Contract No. (Synergen/CMS): 17-397☒ Expense or ☐ Revenue ☐ Increase ☐ Decrease Amount This Amendment: \$ 0.00Is there revenue included? ☐ Yes ☒ No If Yes \$ _____***Funding Source(s) required:** N/A - no expense with this AmendmentFunding from General Fund? ☐ Yes ☒ No If Yes \$ _____ % _____**Grant/Amendment Information** (for grants acceptance and awards) ☐ Award ☐ Amendment

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

Effective Date: _____ Termination Date: _____ Amendment Number: _____

☐ Match Amount: \$ _____ ☐ Revenue Amount: \$ _____***All Funding Source(s) required:*****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 GrantDepartment: Health Telephone: 724-7842Department Director Signature/Date: [Signature] 8-26-2019Deputy County Administrator Signature/Date: [Signature] 8/24/19County Administrator Signature/Date: [Signature] 8/27/19
(Required for Board Agenda/Addendum Items)

Pima County Department of Health

Project: Expansion of Behavioral Risk Factor Surveillance System Survey in Pima County

Contractor: Arizona Department of Health Services (ADHS)

Contract No.: CT-HD-18-452; formerly CT-HD-17-397

Contract Amendment No.: 02

Orig. Contract Term:	08/02/2017 - 08/01/2018	Orig. Amount:	\$27,000.00
Termination Date Prior Amendment:	08/01/2019	Prior Amendments Amount:	\$ 0.00
Termination Date This Amendment:	08/01/2020	This Amendment Amount:	\$ 0.00
		Revised Total Amount:	\$27,000.00

INTERGOVERNMENTAL AGREEMENT AMENDMENT

The parties agree to amend the above-referenced contract as follows:

1. Background and Purpose.

1.1. Background. On August 2, 2017, County and Contractor entered into the above referenced agreement to provide additional Behavioral Risk Factor Surveillance System (BRFSS) surveys.

1.2. Purpose. County wishes to extend the term of this Agreement for an additional year.

2. Term. The Contract terminates on August 1, 2020. This IGA may be extended for up to two additional periods of up to one year each, for a maximum of five years.

3. Maximum Payment Amount. There is no change to the do not exceed amount of \$27,000.00 with this Amendment. Should the County and ADHS decide to do additional surveys in the future, funding will be added by means of a formal written amendment.

The effective date of this Amendment is August 1, 2019.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

All other provisions of the Contract not specifically changed by this Amendment remain in effect and are binding upon the parties.

PIMA COUNTY

ADHS

Chairman, Board of Supervisors

Date

Christine Ruth

Authorized Officer Signature

Christine Ruth, Chief Procurement Officer
Printed Name and Title

8.19.19

Date

ATTEST

Clerk of the Board

Date

APPROVED AS TO CONTENT

[Signature]
Department Representative

8-26-2019

Date

Pursuant to A.R.S. §11-952(D), the attorney for Pima County has determined that the foregoing Agreement is in proper form and is within the powers and authority of the entity as granted under the laws of the State.

[Signature]
Deputy County Attorney

JONATHAN PINKNEY

Print DCA Name

8/26/19

Date

Pursuant to A.R.S. §11-952(D), the attorney for the Arizona Department of Health Services has determined that the foregoing Agreement is in proper form and is within the powers and authority of the entity as granted under the laws of the State.

[Signature]
Assistant Attorney General

Andrew Jay Corcoran

Print AAG Name

8/14/19

Date