BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

○ Award   ● Contract   ○ Grant

= Mandatory, information must be provided

Requested Board Meeting Date: December 17, 2019

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 #3 adds funds for 500 additional surveys to be conducted with the 2020 survey.

*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:
No.

Revised 9/2019

To: BoB. 12-10-19
Ver. - 3
Pgs - 2
Pgs. (1) Addendum

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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 22-10.

Amendment / Revised Award Information

Document Type: CT _____ Department Code: HD _____ Contract Number (i.e.,15-123): 18-452 _____

Amendment No.: 03 _____ AMS Version No.: 03 _____

Effective Date: 12/17/2019 _____ New Termination Date: _____

Prior Contract No. (Synergen/CMS): 17-397 _____

◉ Expense or ○ Revenue   ◉ Increase ○ Decrease   Amount This Amendment: $ 34,500.00 _____

Is there revenue included?   ○ Yes ◉ No   If Yes $ _____

*Funding Source(s) required: Health Special Revenue Fund

Funding 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 Grant

Department: Health   Telephone: 724-7842

Department Director Signature/Date: _____ 12/5/2019

Deputy County Administrator Signature/Date: _____ 9 Dec 19

County Administrator Signature/Date: _C. _____ 12/9/19

(Required for Board Agenda/Addendum Items)

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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.: 03

Orig. Contract Term:	08/02/2017 - 08/01/2018	**Orig. Amount:**	$27,000.00
Termination Date Prior Amendment:	08/01/2020	**Prior Amendments Amount:**	$ N/A
Termination Date This Amendment:	08/01/2020	**This Amendment Amount:**	$34,500.00
		Revised Total Amount:	$61,500.00

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 ADHS entered into the above referenced agreement to provide additional Behavioral Risk Factor Surveillance System (BRFSS) surveys.

    1.2. Purpose. County requires additional surveys to be conducted in 2020

2.   **Maximum Payment Amount.** The maximum amount the County will spend under this IGA, as set forth in Section 4, is increased by $34,500.00. County's total payments to ADHS under this contract, including any sales taxes, will not exceed $61,500.00.

3.   **Scope of Services.** The parties have revised the Scope of Services as set forth in Section 3, by adding the following paragraph:

For the 2020 BRFSS survey year, in order to facilitate small area estimation within Pima County, the County and ADHS agreed to conduct an additional 500 surveys within Pima County. Data from the 2020 survey, including 5-digit zip code, county, and the assigned Primary Care Area generated by ADHS will be made available to Pima County for the purpose of small area estimation.

The effective date of this Amendment is December 17, 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
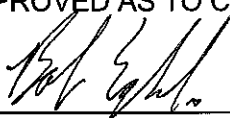
_____
Chairman, Board of Supervisors

_____
Date

ATTEST

_____
Clerk of the Board

_____
Date

APPROVED AS TO CONTENT

_____
Department Representative

12/5/2019
_____
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.

_____
Deputy County Attorney

JONATHAN PINKNEY
_____
Print DCA Name

12/6/19
_____
Date

CONTRACTOR

Christie Ruth
_____
Authorized Officer Signature

Christine Ruth
_____
Printed Name and Title

12.3.19
_____
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.

_____
Assistant Attorney General

Aubrey Joy Corcoran
_____
Print AAG Name

11/25/19
_____
Date

CT18-452-03, ADHS BRFSS