



## **BOARD OF SUPERVISORS AGENDA ITEM REPORT**

### **CONTRACTS / AWARDS / GRANTS**

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: 03/17/2020

\* = Mandatory, information must be provided

or Procurement Director Award ☐

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

Kathleen Marie Carroll

**\*Project Title/Description:**

School District Health Services Coordinator. The original contract may be found by searching 15\*405 in OnBase.

**\*Purpose:**

The School District Health Services Coordinators provide support, technical assistance, and training for schools implementing the coordinated School Health Program in Pima County. Contractors attend meetings at school sites to support school staff in accomplishing action-oriented goals set by the Centers for Disease Control and Prevention's (CDC) evidence based Coordinated School Health Program. Contractors provide direct training in implementing this program as well as the Comprehensive School Physical Activity Program strategies with their school staff.

Amendment #5 extends the term until 9/30/2020 to allow time for Procurement to conduct a RFP process and adds funding for 6.33 months of services.

**\*Procurement Method:**

Board of Supervisors Policy D29.7, per RFP #PCHD-2015-02-TCD-SDHSC.

**\*Program Goals/Predicted Outcomes:**

Through evidence-based implementation of these programs, health related and protective factor outcomes will begin to manifest in the community. This translates to lowered rates of obesity and chronic disease and increased rates of physical activity and healthy eating habits. Use of the Coordinated School Health model improves school and community attachment, raises academic performance outcomes, increases attendance, and improves overall school climate by establishing a connective social environment.

**\*Public Benefit:**

Lowered rates of chronic disease; improved school and community attachment; increased academic performance outcomes; increased attendance; improved overall school climate; connective social environment; and increased protective factors.

**\*Metrics Available to Measure Performance:**

Fitnessgram assessment scores with key pilot schools, classroom activity time tracking data, Walk and Bike to school data, and academic performance data.

**\*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 22-10.***Amendment / Revised Award Information**Document Type: CT Department Code: HD Contract Number (i.e., 15-123): 19-59Amendment No.: 05 AMS Version No.: 06Effective Date: 03/22/2020 New Termination Date: 09/30/2020Prior Contract No. (Synergen/CMS): CT-HD-15-405☒ Expense or ☐ Revenue ☒ Increase ☐ Decrease Amount This Amendment: \$ 28,750.00Is there revenue included? ☐ Yes ☒ No If Yes \$ \_\_\_\_\_**\*Funding Source(s) required:** Tobacco Education funds from Proposition 200 (State tax revenue) via a grant from the Arizona Department of Health ServicesFunding 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] 12-24-2020Deputy County Administrator Signature/Date: [Signature] 2/28/2020County Administrator Signature/Date: [Signature] 2/28/2020  
(Required for Board Agenda/Addendum Items)

**Pima County Department of Health**

**Project:** School District Health Services Coordinator

**Contractor:** Kathleen Marie Carroll  
11620 E. Sneller Vista Dr.  
Tucson, AZ 85749  
ktdid21@gmail.com

**Contract No.:** CT-HD-19-59; formerly CT-HD-15-405

**Contract Amendment No.:** 05

<b>Orig. Contract Term:</b>	03/23/2015-03/22/2016	<b>Orig. Amount:</b>	\$ 54,756.00
<b>Termination Date Prior Amendment:</b>	03/22/2020	<b>Prior Amendments Amount:</b>	\$219,024.00
<b>Termination Date This Amendment:</b>	09/30/2020	<b>This Amendment Amount:</b>	\$ 28,750.00
		<b>Revised Total Amount:</b>	\$302,530.00

**CONTRACT AMENDMENT**

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

**1. Background and Purpose.**

1.1. Background. On March 23, 2015, County and Contractor entered into the above referenced agreement to provide services as a School District Health Coordinator.

1.2. Purpose. County has confirmed that the grant funding stream for this contract will continue. County desires to extend this Contract for an additional six months beyond the five year term to allow for a competitive process to take place and County desires to add funds to cover the extension period.

**2. Term.** The Contract terminates on September 30, 2020.

**3. Maximum Payment Amount.** The maximum amount the County will spend under this Contract, as set forth in Article III, Payment, is increased by \$28,750.00. County's total payments to Contractor under this contract, including any sales taxes, will not exceed \$302,530.00.

**4. Israel Boycott Certification.** Pursuant to A.R.S. § 35-393.01, if Contractor engages in for-profit activity and has 10 or more employees, and if this Contract has a value of \$100,000.00 or more, Contractor certifies it is not currently engaged in, and agrees for the duration of this Contract to not engage in, a boycott of goods or services from Israel. This certification does not apply to a boycott prohibited by 50 U.S.C. § 4842 or a regulation issued pursuant to 50 U.S.C. § 4842.

The effective date of this Amendment is March 22, 2020.

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 FORM**

  
\_\_\_\_\_  
Deputy County Attorney

Tiffany Tom  
Print DCA Name

2/24/20  
Date

**APPROVED AS TO CONTENT**

  
\_\_\_\_\_  
Department Representative

2-24-2020  
Date

**CONTRACTOR**

  
\_\_\_\_\_  
Authorized Officer Signature

Kathleen Carroll  
Printed Name and Title

School District Health Services  
2/21/2020  
Date Coordinator