



BOARD OF SUPERVISORS AGENDA ITEM REPORT CONTRACTS / AWARDS / GRANTS

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: September 1, 2020

* = Mandatory, information must be provided

or Procurement Director Award ☐

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

Arizona Department of Health Services (ADHS)

***Project Title/Description:**

Prop 201 Smoke-Free Arizona

***Purpose:**

The Arizona Department of Health Services (ADHS) has been assigned the duties of implementation, education, compliance, and enforcement of Proposition 201, the Smoke-Free Arizona Act. As a part of this initiative, ADHS has determined that the most effective and expeditious methodology is to implement the program in partnership with the County Health Departments (CHD). The CHD shall provide an education component, and respond to written, on-line, and telephone complaints or other means of communications directly received from the public as provided in the County delegation authority.

Amendment #1 reduces the annual Price Sheet from \$269,807 to \$256,317 and moves a paragraph about Purchase Orders from the Price Sheet to the Terms and Conditions.

***Procurement Method:**

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

***Program Goals/Predicted Outcomes:**

Provide education and compliance activities in accordance with the Smoke-Free Arizona Act.

***Public Benefit:**

Provide educational information about the Smoke-Free Arizona act to public places, places of employment, and citizens of the County to decrease exposure to harmful second hand tobacco smoke.

***Metrics Available to Measure Performance:**

The program tracks complaints, inspections, and education using the smokefreearizona.org tracking system.

***Retroactive:**

No, in that it is effective upon final signature. However, the Price Sheet in this amendment is effective on July 1, 2020 though it was not received from ADHS until July 31, 2020.

Grill Approved 8/14/2020 JLS

Revised 5/2020

Contract / Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e.,15-123): _____
Commencement 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: _____ Department Code: _____ Contract Number (i.e.,15-123): _____
Amendment No.: _____ AMS Version No.: _____
Commencement 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): 21-18
Commencement Date: 07/01/2020 Termination Date: 06/30/2022 Amendment Number: 01
☐ Match Amount: \$ _____ ☒ Revenue Amount: \$ 256,317.00

***All Funding Source(s) required:** Proposition 201, the Smoke-Free Arizona Act. Revenue from the 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)?** N/A

Contact: Sharon Grant

Department: Health Telephone: 724-7842

Department Director Signature/Date: [Signature] 08/10/20

Deputy County Administrator Signature/Date: [Signature] 11 August 2020

County Administrator Signature/Date: C. Delaney 8/13/2020
(Required for Board Agenda/Addendum Items)



INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT

ARIZONA DEPARTMENT OF
HEALTH SERVICES
150 N. 18th Avenue, Suite 530
Phoenix, Arizona 85007

Contract No.: ADHS18-175342

Amendment No.: 1
APP Amendment No.: 1

Procurement Specialist:
Carlos Carranza Jr.

Prop 201 Smoke Free Arizona

Effective upon signature, it is mutually agreed that the Contract referenced is amended as follows:

1. Pursuant to Terms and Conditions, Page Seven (7), Provision Six (6), Contract Changes, Subsection (6.1), Amendments, Purchase Orders and Change Orders, the Price Sheet of the Agreement is hereby revised and replaced by the Price Sheet of this Amendment One (1).
2. Pursuant to Terms and Conditions, Page Seven (7), Provision Six (6), Contract Changes, Subsection (6.1), Amendments, Purchase Orders and Change Orders, the Special Terms and Conditions is revised to add the following:

22. Authorization for Provision of Services:

Authorization for purchase of services under this contract shall be made only upon ADHS issuance of a Purchase Order that is signed by an authorized agent. The Purchase Order will indicate the contract number and the dollar amount of funds authorized. The Contractor shall only be authorized to perform services up to the amount on the Purchase Order. ADHS shall not have any legal obligation to pay for services in excess of the amount indicated on the Purchase Order. No further obligation for payment shall exist on behalf of ADHS unless a) the Purchase Order is changed or modified with an official ADHS Procurement Change Order, and/or b) an additional Purchase Order is issued for purchase of services under this contract.

(continued on next page)

ALL OTHER PROVISIONS OF THIS AGREEMENT REMAIN UNCHANGED.

Pima County Public Health

Contractor Name

3950 S. Country Club Rd. #100

Address

Tucson

ARIZONA

85714

City

State

Zip

CONTRACTOR SIGNATURE

Contractor Authorized Signature

Printed Name

Title

CONTRACTOR ATTORNEY SIGNATURE

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 the State of Arizona.

Signature

Jonathan Pinkney

Date

8/4/2020

Printed Name

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

Signed this _____ day of _____, 20____

Procurement Officer

Contract No. ADHS18-175342, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney General, 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.

Signature


Date

Assistant Attorney General

Printed Name:

REVIEWED BY:

Appointing Authority or Designee
Pima County Health Department

	INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT		ARIZONA DEPARTMENT OF HEALTH SERVICES 150 N. 18 th Avenue, Suite 530 Phoenix, Arizona 85007
	Contract No.: ADHS18-175342	Amendment No.: 1 APP Amendment No.: 1	Procurement Specialist: Carlos Carranza Jr.

NEW Price Sheet/Fee Schedule

Effective July 1, 2020

Type of Unit	Unit Rate
Budget Period: 7/1 – 6/30	
Education and Compliance Activities	\$231,317.00
Enforcement Activities	\$25,000.00
Estimated quarterly amount	\$64,079.25
Not to exceed Annual Total	\$256,317.00

Note: If the contractor has unused funds from the previous quarters, the contractor shall carry forward the funds to the following quarters, up to the term of the budget period.

All expenses are inclusive of any travel and travel related expenses.