



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: September 15, 2020

** = 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 #2 adds \$225,000 for supplemental flu vaccination activities to increase the flu vaccination rates for adults, especially high-risk adults within the County.

***Procurement Method:**

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

***Program Goals/Predicted Outcomes:**

1. Increase adult flu shot coverage in Pima County.
2. Increase access to flu shots for high-risk adults in Pima County.
3. Increase messaging in the community about the safety and efficacy of the flu vaccine through the use of a media campaign.

***Public Benefit:**

Reduced incidence of influenza in the community and reduced hospitalization rates for flu during the COVID-19 pandemic.

***Metrics Available to Measure Performance:**

1. Immunization coverage rates for Pima County adults
2. Incidence of influenza reported in Pima County

***Retroactive:**

Yes. Although the amendment does not state an effective date, supplemental flu activities will begin prior to full execution. The Amendment was received from ADHS on 8/21/20. If not approved, the County will not be able to utilize \$225,000 in grant funds for flu shots this season.

6/11/1 Approved 9.10.2020 LK

Revised 5/2020

SEP 11 2010 08:07 PM

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): 21-26
Commencement Date: upon signature Termination Date: _____ Amendment Number: 02
☐ Match Amount: \$ _____ ☒ Revenue Amount: \$ 225,000.00

***All Funding Source(s) required:** Centers for Disease Control and Prevention

*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 Arizona Department of Health Services

Contact: Sharon Grant

Department: Health Telephone: 724-7842

Department Director Signature/Date: *[Signature]* 09/04/20

Deputy County Administrator Signature/Date: _____

County Administrator Signature/Date: *[Signature]* 9/19/20
(Required for Board Agenda/Addendum Items)



INTERGOVERNMENTAL AGREEMENT (IGA)

Amendment

ARIZONA DEPARTMENT OF
HEALTH SERVICES
150 18th Ave Suite 530
Phoenix, Arizona 85007

Contract No.:
ADHS18-177695

IGA Amendment No: 2
Arizona Procurement Portal Amendment No.2:

Procurement Officer
KATHLEEN SHIPMAN

IMMUNIZATION SERVICES

It is mutually agreed that the Intergovernmental Agreement referenced is amended as follows:

1. Pursuant to Terms and Conditions, Page Seven (7), Provision Six (6), Contract Changes; the Intergovernmental Agreement is amended to revise the following:

1.1 The Price Sheet is revised and replaced by the Price Sheet of this Amendment Two (2); and

1.2 Scope of Work, Page Nineteen (19), Provision 4.12, added item 4.12.2 that is hereby revised in this Amendment Two (2) to read:

4.12.2 Provide Supplemental Flu activities as defined by the County Health Department and approved by the Immunization Program Office, to increase the flu vaccination rates for adults, especially high-risk adults, within the county. These efforts are intended to help keep hospitalization rates for flu down during the COVID-19 pandemic.

All other provisions of this agreement remain unchanged.

Contractor Name: **PIMA COUNTY HEALTH DEPARTMENT**

Authorized Signature

Address: **3950 S. COUNTRY CLUB RD., #100**

Print Name

TUCSON

ARIZONA

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

9/1/2020

Signed this _____ day of _____ 2020.

Jonathan Pinkney

Print Name

Procurement Officer

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.

Signature

Date

Assistant Attorney General

Print Name

REVIEWED BY:

Appointing Authority or Designee
Pima County Health Department



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PRICE SHEET

| Activity | Frequency | Unit Rate | Unit of Measure | Total |
|--|---|-----------|---------------------------------|--|
| Total Personnel/ERE; Salary/Fringe – May claim only salary and fringe benefits for immunization program staff/other staff who work to meet contract requirements | Yearly | N/A | Total | Up to \$50,000.00 |
| Immunization Visit for children zero (0) to eighteen (18) years of age who meet VFC eligibility requirements. Do not include visits for insured children. | Quarterly | \$50.00 | Per Visit | As approved by ADHS and authorized by purchase order |
| Immunization Visit for adults nineteen (19) years of age and older who meet VFA eligibility requirements. Do not include visits for insured adults | Quarterly, when specific VFA funds are available | \$50.00 | Per Visit | |
| Immunization Completion report for children zero (0) to twenty-four (24) months of age for the 4:3:1:3:3:1:4 series | Quarterly | \$100.00 | Per Series Completion | |
| Perinatal Hepatitis B Case Management – Prenatal | Quarterly | \$300.00 | Per Case | |
| Perinatal Hepatitis B Case Management – Postnatal | Quarterly | \$200.00 | Per Case | |
| Immunization Visit for Flu Vaccine, in children and adults who meet VFC and VFA eligibility requirements. Do not include visits for insured children or adults. | When specific pan flu vaccine funds are available | \$50.00 | Per Visit | |
| IDR Submission – Preparation and Submittal of School/Child Care IDR by CHD nurse or in cooperation with school/child care personnel | Optional | \$250.00 | Each/per grade level IDR | |
| IDR Validation – On-site visit to schools/child care facilities to validate IDR submission data | Optional | \$50.00 | Each/per grade level validation | |
| Supplemental flu vaccination activities | As needed by June 30, 2021 | NA | NA | Not to exceed allocation of \$225,000 |