

BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: November 17, 2020

* = Mandatory, information must be provided

or Procurement Director Award ☐

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

Arizona Department of Health Services

***Project Title/Description:**

HIV Prevention Program

***Purpose:**

To implement high impact prevention strategies that are most cost-effective at reducing HIV infections. Strategies include HIV testing, condom distribution and programs to educate about Pre-Exposure Prophylaxis (PREP).

Amendment #1 changes the amounts in the line items of the Price Sheet, keeping the same total, and adds Exhibit A

***Procurement Method:**

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

***Program Goals/Predicted Outcomes:**

1. To provide access to quality HIV testing and Linkage to Care for persons residing in Pima County
2. To increase the number of persons in the jurisdiction who are aware of their HIV status
3. To provide partner services to all persons newly diagnosed with HIV

***Public Benefit:**

The overall benefit is a reduction in new HIV infections in Pima County. The Health Department investigates and submits data to the Arizona Department of Health Services (ADHS) on all newly identified cases of HIV/AIDS in Pima County. In addition to the investigative component, the Health Department screens for HIV and links those infected and their partners to medical care in an effort to decrease the spread of HIV/AIDS in Pima County and implements scientifically proven, cost effective, interventions targeted to those most at risk of contracting HIV. As part of our core mission and in collaboration with community partners, staff conduct community outreach, provide and strengthen linkages with health care providers and develop and disseminate health promotion content.

***Metrics Available to Measure Performance:**

- Offer partner services to 100% of newly diagnosed cases within 7 days of report
- Enter test data into web based system within 24 hours for positive results and 7 days for negative results
- Create a work plan and condom distribution plan within 30 days of contract initiation
- Provide timely client centered counseling and linkage to care to 100% of reported cases
- Report 100% of HIV and/or AIDS cases to ADHS

***Retroactive:**

No.

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 ☒ AmendmentDocument Type: GTAM Department Code: HD Grant Number (i.e., 15-123): 21-50Commencement Date: _____ Termination Date: _____ Amendment Number: 01☐ Match Amount: \$ _____ ☒ Revenue Amount: \$ 330,631.00***All Funding Source(s) required:** ADHS / Department of Health & Human Services / CDC (federal)***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 the Arizona Department of Health ServicesContact: Sharon GrantDepartment: HealthTelephone: 724-7842Department Director Signature/Date: [Signature] 11/05/20

Deputy County Administrator Signature/Date: _____

County Administrator Signature/Date: C. Bullerby 11/9/2020
(Required for Board Agenda/Addendum Items)



INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT

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

CONTRACT No.: ADHS18-188815

Amendment No.: 1
APP Amendment No.: 1

Procurement Officer
Nicole Marquez

HIV Prevention Program

Effective upon signature, it is mutually agreed that the Intergovernmental Agreement (IGA) referenced is amended as follows:

1. Pursuant to the Uniform Terms and Conditions, Provision Six (6), Contract Changes, Section 6.1, the Contract is hereby amended as follows:

1.1 The Price Sheet is revised and replaced with the Price Sheet of this Amendment One (1).

1.2 Exhibit A has been added

All other provisions of this agreement shall remain in their entirety

CONTINUED ON NEXT PAGE

Pima County Health Department

Contractor Name

3950 South Country Club, #100

Address

Tucson

AZ

85714

City

State

Zip

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

10/26/2020

Date

Jonathan Pinkney

Printed Name

Contract No. ADHS18-188815, 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 the proper form and is within the powers granted under the laws of the State of Arizona to those parties to the Agreement represented by the Attorney General.

The Attorney General, BY:

Signature

Assistant Attorney General

Date

Printed Name:

CONTRACTOR SIGNATURE

Contractor Authorized Signature

Printed Name

Title

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.

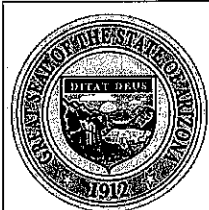
State of Arizona

Signed this _____ day of _____ 20____

Procurement Officer

REVIEWED BY:

Appointing Authority or Designee
Pima County Health Department



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OF HEALTH SERVICES
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New Price Sheet

Cost Reimbursement Line Items	Budget Amount
Personnel Services	\$192,221.00
Employee Related Expenses (ERE)	\$77,717.00
Professional and Outside Services	\$8,070.00
Travel Expenses	\$9,469.00
Other Operating Expense	\$13,096.35
Capital Outlay Expense	-
Other (Indirect Costs)	\$30,057.65
Total Contract Amount	\$330,631.00

1. ITEMIZED SERVICE BUDGET (ISB) RESTRICTIONS:

- 1.1 With prior written approval from the ADHS BTCD HIV Prevention Program Manager, the Contractor is authorized to transfer up to a maximum of ten percent (10%) of the total Agreement amount among the categorical line items. Transfers of funds are only allowed among funded line items as detailed in the original ISB. Transfer exceeding ten percent (10%) of the Agreement amount, or to a non-funded line item, shall require an Agreement amendment.


	INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT		ARIZONA DEPARTMENT OF HEALTH SERVICES 150 N. 18 th Ave, Suite 530 Phoenix, Arizona 85007
	CONTRACT No.: ADHS18-188815	Amendment No.: 1 APP Amendment No.: 1	Procurement Officer Nicole Marquez

Exhibit A

CFR § 200.332


Requirements for pass-through entities.

All pass-through entities must:

(a) Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the following information at the time of the subaward and if any of these data elements change, include the changes in subsequent subaward modification.

When some of this information is not available, the pass-through entity must provide the best information available to describe the Federal award and subaward.

Prime Awardee:	Arizona Department of Health Services
DUNS #	804745420
Federal Award Identification (Grant Number):	NU62PS924550
Subrecipient name (which must match the name associated with its unique entity identifier):	PIMA COUNTY
Subrecipient's unique entity identifier (DUNS #):	144733792
Federal Award Identification Number (FAIN, sometimes it's the same as the Grant Number):	NU62PS924550
Federal Award Date (see the definition of Federal award date in § 200.1 of this part) of award to the recipient by the Federal agency;	01/01/2020
Subaward Period of Performance Start and End Date;	1/1/20-12/31/20
Subaward Budget Period Start and End Date:	1/1/20-12/31/20
Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient (this is normally the contract amount):	\$330,632.00
Total Amount of Federal Funds Obligated to the subrecipient by the pass-through entity including the current financial obligation (how much is available for contracts):	\$330,632.00
Total Amount of the Federal Award committed to the subrecipient by the pass-through entity	\$330,632
Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)	Integrated HIV Surveillance and Prevention Programs for Health Departments, National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)
Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity	Centers for Disease Control and Prevention

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Assistance Listings number and Title; the pass-through entity must identify the dollar amount made available under each Federal award and the Assistance Listings Number at time of disbursement: 93.940

Identification of whether the award is R&D NO

Indirect cost rate for the Federal award (including if the de minimis rate is charged) per § 200.414 10%