



BOARD OF SUPERVISORS AGENDA ITEM REPORT **CONTRACTS / AWARDS / GRANTS**

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: February 16, 2021

* = 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 #4 adds \$322,600 to enhance COVID-19 vaccination and Vaccination for Children (VFC) activities. Funds can be used for staffing, materials/supplies, equipment and travel related to efforts to successfully vaccinate adults and children.

***Procurement Method:**

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

***Program Goals/Predicted Outcomes:**

- Offset additional staffing expense associated with COVID-19 vaccine Points of Distribution (PODs) and vaccine management.
- Contract for mobile or short-term PODs to distribute vaccine as quickly as it is received. The majority of funds received will be used for this purpose.

***Public Benefit:**

Vaccination is a vital strategy to control the spread of COVID-19. This funding will assist with COVID-19 vaccine distribution in Pima County.

***Metrics Available to Measure Performance:**

- # of staff hours provided to the COVID-19 vaccination effort
- # of contractors assisting with COVID-19 vaccination
- \$ spent on COVID-19 vaccination efforts

***Retroactive:**

No.

Full Approved 2/3/2021 *LS*
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 ☒ AmendmentDocument Type: GTAM Department Code: HD Grant Number (i.e., 15-123): 21-77Commencement Date: upon signature Termination Date: _____ Amendment Number: 04☐ Match Amount: \$ _____ ☒ Revenue Amount: \$ 322,600.00***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 ServicesContact: Sharon GrantDepartment: Health Telephone: 724-7842Department Director Signature/Date: [Signature] 2/1/21Deputy County Administrator Signature/Date: [Signature] 2 Feb 2021County Administrator Signature/Date: [Signature] 2/3/21
(Required for Board Agenda/Addendum Items)



INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT

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

Contract No.: **ADHS18-177695**

IGA Amendment No.: **4**

Procurement Officer
Anthony Beckum

IMMUNIZATION SERVICES

Effective upon signature of both parties, it is mutually agreed that the Intergovernmental Agreement referenced is amended as follows:

1. Pursuant to the Terms and Conditions, Provision Six (6), Contract Changes, section 6.1, Amendments Purchase Orders and Change Orders; the Intergovernmental Agreement is amended to reflect the following:

1.1 Under the Scope of Work, Provision Four (4), Tasks, Section 4.2, Activity Two (2) Child and Adolescent Immunizations, Sub-section 4.2.1, Section 4.2.1.7, as outlined below, is hereby added by this Amendment Four (4):

4.2.1.7. Enhance VFC vaccination capacity. Funds can be utilized for staffing, materials/supplies, equipment, and travel related to efforts to successfully vaccinate children within the community.

--Continued on next page--

All other provisions of this Agreement remain unchanged.

PIMA COUNTY PUBLIC HEALTH DEPARTMENT

Contractor Name:

Authorized Signature

3950 S. COUNTRY CLUB RD., #100

Address:

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

Signed this _____ day of _____ 2021.

JONATHAN PIUKWY

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

REVIEWED BY: _____

Appointing Authority or Designee
Pima County Health Department

Assistant Attorney General

Print Name



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1.2 Under the Scope of Work, Provision Four (4), Tasks, Section 4.12, Activity Twelve (12) VPD Outbreak and Pandemic Preparedness, Sub-section 4.12.5, as outlined below, is hereby added by this Amendment Four (4):

4.12.5. Enhance COVID-19 vaccination capability (or capacity). Funds can be utilized for staffing, materials/supplies, equipment, and travel related to efforts to successfully vaccinate adults and children within the community.

1.3 The Price Sheet is revised and replaced with the Price Sheet of this Amendment Four (4); and

1.4 Finally, Exhibit Three (3) is revised and replaced by Exhibit Three (3) of this Amendment Four (4).



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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
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, 2024	N/A	Total	Not to exceed allocation= \$225,000
Improve vaccine cold storage capacity; increase capacity for data entry and reminder recall activities	As needed by June 30, 2024	N/A	Total	Not to exceed allocation= \$125,000
Enhance VFC/COVID-19 activities	As needed by June 30, 2024	N/A	Total	Not to exceed allocation= \$322,600


	INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT		ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF PROCUREMENT 150 18 th Ave Suite 530 Phoenix, Arizona 85007
	Contract No.: ADHS18-177695	IGA Amendment No.: 4	Procurement Officer Anthony Beckum

EXHIBIT THREE

Exhibit - 2 CFR 200.332

§ 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):	 <u>6 NH23IP922599-02-02</u>
 Subrecipient name (which must match the name associated with its unique entity identifier):	 <u>Pima County</u>
 Subrecipient's unique entity identifier (DUNS #):	 _____
 Federal Award Identification Number (FAIN, sometimes it's the same as the Grant Number):	 <u>NH23IP922599</u>
 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;	 <u>09/23/2020</u>
 Subaward Period of Performance Start and End Date;	 <u>07/01/2019 - 06/30/2024</u>
 Subaward Budget Period Start and End Date:	 <u>07/01/2020 - 06/30/2021</u>
 Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient (this is normally the contract amount):	 <u>\$322,600.00</u>
 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):	 <u>\$11,298,059.00</u>
 Total Amount of the Federal Award committed to the subrecipient by the pass-through entity	 <u>\$15,546,386.00</u>



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Federal award project description, as required
to be responsive to the Federal Funding
Accountability and Transparency Act (FFATA)

CDC-RFA-IP19-1901 Immunization and Vaccines for
Children

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

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:

93.268 - Immunization Cooperative Agreements

Identification of whether the award is R&D

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