



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

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: June 22, 2021

\* = Mandatory, information must be provided

or Procurement Director Award ☐

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

Arizona Department of Health Services

**\*Project Title/Description:**

Health Start Program. This program aims to increase the number of women receiving prenatal care and assist with education and monitoring until the child is two years of age. The program relies on a supportive relationship between the client and community health workers. The Pima County Health Department (PCHD) has been awarded this grant program for over 20 years.

**\*Purpose:**

Health Start provides community health workers to provide program information to the community throughout Pima County and enroll high-risk pregnant women and families into the program. The Community Health Workers provide prenatal, postpartum and parenting information and screen for alcohol, tobacco and other substance use, perinatal depression, relationship issues, child growth and development, home/environment safety hazards, and refer families to other community resources as appropriate.

Amendment #1 extends the term for a year. Although PCHD cannot know for sure how much funding will be added for the coming year, we are budgeting for the same amount as the current year.

**\*Procurement Method:**

This Revenue Contract is a non-Procurement contract and not subject to Procurement rules.

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

1) Increase prenatal care services to pregnant women; 2) Reduce the incidence of infants who at birth weigh less than 1,500 grams (3 lbs 4 oz) and who require more than seventy-two hours of neonatal intensive care; 3) Reduce the incidence of children affected by childhood diseases; 4) Increase the number of children receiving age appropriate immunizations by two years of age; and 5) Educate families on the importance of good nutritional habits to improve the overall health of their children; the need for developmental assessments to promote the early identification of learning disabilities, physical handicaps or behavioral health needs; the benefits of preventative health care; and the need for screening examinations such as hearing and vision.

**\*Public Benefit:**

Low birth weight babies are 40 times more likely to die in the first month of life, and are at greater risk for long-term health and developmental problems. Babies born to women with no prenatal care are 16 times more likely to die in the first month of life than babies of women who had more than 5 prenatal visits.

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

1) Number of enrolled women that receive early and regular prenatal care; 2) Number of low birth weight and very low birth weight infants born to enrolled clients; 3) Gestational age of infants born to enrolled women; and 4) Immunization status of enrolled children.

**\*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 ☒ Amendment

Document Type: GTAM Department Code: HD Grant Number (i.e., 15-123): 21-104

Commencement Date: 07/06/2021 Termination Date: 07/05/2022 Amendment Number: 01

☐ Match Amount: \$ \_\_\_\_\_ ☒ Revenue Amount: \$ 201,860.00

**\*All Funding Source(s) required:** Proposition 203, State lottery funds

**\*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: \_\_\_\_\_ 6/9/21

Deputy County Administrator Signature/Date: \_\_\_\_\_ 16 June 2021

County Administrator Signature/Date: \_\_\_\_\_ 6/17/21  
(Required for Board Agenda/Addendum Items)



## CONTRACT AMENDMENT

ARIZONA DEPARTMENT OF  
HEALTH SERVICES  
OFFICE OF PROCUREMENT  
150 N 18<sup>th</sup> Ave., Ste. #530  
Phoenix, Arizona 85007

CONTRACT NO.: CTR050602

AMENDMENT NO.: 1

Procurement Officer  
Kailee Gray

### HEALTH START PROGRAM

Effective upon signature by both parties, it is mutually agreed that the Contract referenced in this amendment is amended as follows:

1. Pursuant to the Special Terms and Conditions, Provision Three (3), Contract Extensions Five (5) Year Maximum, the Contract shall be extended for the second (2<sup>nd</sup>) year through July 5, 2022.

ALL OTHER PROVISIONS SHALL REMAIN IN THEIR ENTIRETY

Contractor hereby acknowledges receipt and acceptance of above amendment and that a signed copy must be filed with the Procurement Office before the effective date

The above referenced Contract Amendment is hereby executed this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ at Phoenix, Arizona

(To be filled out by Procurement Office)

Contractor Signature

Contractor Signature Date

Authorized Signatory's Name and Title

Pima County Health Department

Contractor's Name

Procurement Officer Signature

REVIEWED BY:

Appointing Authority or Designee  
Pima County Health Department

APPROVED AS TO FORM:

Deputy County Attorney