



BOARD OF SUPERVISORS AGENDA ITEM REPORT  
AWARDS / CONTRACTS / GRANTS

Award  Contract  Grant

Requested Board Meeting Date: 05/21/2024

\* = Mandatory, information must be provided

or Procurement Director Award:

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

Arizona Department of Health Services

**\*Project Title/Description:**

Title V Maternal and Child Health, Healthy Arizona Families

**\*Purpose:**

This amendment provides for a new budget for the next fiscal year. There are no changes to the Scope of Services that will be delivered as part of this grant.

The IGA addresses several Pima County Health Department (PCHD) priorities including, but not limited to, responsible teen driving, infant/child safety through car seat safety training and safe sleep training, bullying prevention, gun safety and safe bicycle use.

**\*Procurement Method:**

The grant amendment was reviewed and signed by PCAO.

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

Support the establishment, maintenance, and expansion of projects that prevent bullying, increase seat belt usage and provide safe opportunities for physical activity among youth.

**\*Public Benefit:**

Families and youth will benefit from increased knowledge of safety and prevention practices.

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

- Number of teen safe driver presentations delivered
- Number of car seat installations

**\*Retroactive:**

No.

*6/11/24 approves  
(PCHD) 5/21/2024*

THE APPLICABLE SECTION(S) BELOW MUST BE COMPLETED

Click or tap the boxes to enter text. If not applicable, indicate "N/A". Make sure to complete mandatory (\*) fields

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 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): 24-069

Commencement Date: 07/01/2024 Termination Date: 06/30/2025 Amendment Number: 04

Match Amount: \$ \_\_\_\_\_ Revenue Amount: \$ \$230,738.00

\*All Funding Source(s) required: Title V Maternal Child Health Block Grant, administered by the Health Resources & Services Administration (HRSA)

\*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, CTR055267

Contact: Sharon Grant

Department: Health

Telephone: 724-7842

Department Director Signature: \_\_\_\_\_ Date: 4-29-24

Deputy County Administrator Signature: \_\_\_\_\_ Date: 5/6/2024

County Administrator Signature: \_\_\_\_\_ Date: 5/6/2024



**INTERGOVERNMENTAL AGREEMENT (IGA)  
AMENDMENT**

ARIZONA DEPARTMENT OF  
HEALTH SERVICES  
150 18<sup>th</sup> Ave Suite 530  
Phoenix, Arizona 85007

CONTRACT NO.: CTR055267

AMENDMENT NO: FOUR (4)

PROCUREMENT OFFICER  
RYAN GARCIA

**Title V Maternal and Child Health Healthy Arizona Families**

Effective on July 1, 2024, it is mutually agreed that the Intergovernmental Agreement (IGA) referenced in this Amendment Four (4) is amended as follows:

1. Pursuant to the Terms and Conditions, Provision Six (6), Contract Changes, Section 6.1, Amendments, Purchases Orders and Change Orders, this Agreement is amended as follows:
  - 1.1. The Price Sheet is revised and replaced.

All revisions are indicated in **red font**.

All other provisions of this agreement remain unchanged.

**PIMA COUNTY**

Contractor Name:  
3950 S. Country Club Road Suite 100

Address:  
Tucson AZ 85714  
City State Zip

County Authorized Signature

Print Name

Title and Date

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.

*Anasuya Shekhar* 4/17/24  
Signature Date

State of Arizona  
Signed this \_\_\_\_\_ day of \_\_\_\_\_ 2024.

*Anasuya Shekhar*  
Print Name

Procurement Officer

Contract No.: **CTR055267**, 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: *[Signature]*  
Appointing Authority or Designee  
Pima County Health Department



**INTERGOVERNMENTAL AGREEMENT (IGA)  
AMENDMENT**

ARIZONA DEPARTMENT OF  
HEALTH SERVICES  
150 18<sup>th</sup> Ave Suite 530  
Phoenix, Arizona 85007

CONTRACT NO.: CTR055267

AMENDMENT NO: FOUR (4)

PROCUREMENT OFFICER  
RYAN GARCIA

**PRICE SHEET**

**PROGRAM: MCH HEALTHY ARIZONA FAMILIES (MCH HAF)  
FEDERAL FUNDING: TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT**

Account Classification	Line-Item Totals
Personnel	\$134,682.00
Employee Related Expenses	\$37,830.00
Professional & Outside Services	\$3,000.00
Travel Expenses	\$6,054.00
Occupancy Expenses	\$0.00
Other Operating Expenses	\$28,196.00
Capital Outlay Expenses	\$0.00
Indirect Cost (if authorized)	\$20,976.00
<b>Total Annual Amount (Not to Exceed)</b>	<b>\$230,738.00</b>

The County is authorized to transfer up to a maximum of twenty-five percent (25%) of the total budget amount between line items. Transfer exceeding twenty-five percent (25%) or to a non-funded line item shall require an amendment.