



BOARD OF SUPERVISORS AGENDA ITEM REPORT
AWARDS / CONTRACTS / GRANTS

Award Contract Grant

Requested Board Meeting Date: May 21, 2024

* = Mandatory, information must be provided

or Procurement Director Award:

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

El Rio Santa Cruz Neighborhood Health Center, Inc. Dba El Rio Health Center

***Project Title/Description:**

Well Woman HealthCheck Program (WWHP)

***Purpose:**

Extend the agreement for a couple of weeks due to the Well Woman HealthCheck Program's grant extension. The ending date is changing from 01/28/2024 to 02/14/2024. This program provides breast and cervical cancer screening and diagnostic services for program uninsured/underinsured low-income eligible women.

***Procurement Method:**

This Subrecipient Agreement is a non-Procurement contract and not subject to Procurement rules.

***Program Goals/Predicted Outcomes:**

1. Provide ongoing outreach and recruitment of eligible women.
2. Provide accessible, timely, and quality breast and cervical cancer screening and diagnostic services.

***Public Benefit:**

Provides low-income, uninsured, and medically under-served women access to lifesaving screening for early detection of breast and cervical cancers.

***Metrics Available to Measure Performance:**

1. The time from screening to diagnosis shall be less than sixty (60) days; and
2. The time from diagnosis to treatment shall be less than sixty (60) days.

***Retroactive:**

Yes. This amendment takes effect on January 29, 2024. We needed the ADHS grant amendment to be in place before we could extend this subrecipient agreement. If not approved by the BOS, El Rio will not be able to be reimbursed for providing these essential services.

To: COB 5-7-24 (1)
Vers: 6
Pgs: 3

MAY07 2024 10:54 PM

60111 approved
PCC 5/2/24

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? 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: CT Department Code: HD Contract Number (i.e., 15-123): 22-420
Amendment No.: 02 AMS Version No.: 06
Commencement Date: 01/29/2024 New Termination Date: 02/14/2024
Prior Contract No. (Synergen/CMS): N/A

Expense Revenue Increase Decrease Amount This Amendment: \$ 0.00

Is there revenue included? Yes No If Yes \$ _____

*Funding Source(s) required: Centers for Disease Control & Prevention via AZ Dept. of Health Services

Funding from General Fund? Yes No If Yes \$ _____ % _____

Grant/Amendment Information (for grants acceptance and awards)

Award Amendment

Document Type: _____ Department Code: _____ Grant Number (i.e., 15-123): _____
Commencement Date: _____ Termination Date: _____ Amendment Number: _____
Match Amount: \$ _____ Revenue Amount: \$ _____

*All Funding Source(s) required: _____

*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)?

Contact: Sharon Grant

Department: Health

Telephone: 724-7842

Department Director Signature: [Signature] Date: 4-19-24
Deputy County Administrator Signature: [Signature] Date: 6 May 2024
County Administrator Signature: [Signature] Date: 5/1/2024

Pima County Department of Health			
Project: Well Woman HealthCheck Program (WWHP)			
Subrecipient name and address: El Rio Santa Cruz Neighborhood Health Center Inc. Db a El Rio Health Center 839 W. Congress Tucson, AZ 85745			
Amount: \$150,000.00			
Contract No.: CT-HD-22-420		Contract Amendment No.: 02	
Subrecipient Unique Entity Identifier (UEI):	V9JTFH1682E9	SAM expiration date (if applicable):	02/20/2025
Federal Award Identification Number (FAIN)	1NU58DP007089-02	Federal award date	05/26/2022
Subaward term/ period of performance start and end date	07/01/2022-02/14/2024	Subaward budget period start and end date	07/01/2023-02/14/2024
Amount of federal funds obligated by this action by the pass-through entity to the subrecipient (amount of this agreement or amendment)			\$ 0.00
Total amount of federal funds obligated to the subrecipient by the pass-through entity including the current financial obligation (amount of this agreement, plus any amendments, including this amendment)			\$100,000.00
Total amount of the federal award committed to the subrecipient by the pass-through entity (original amount of this agreement, plus any amendments, plus any match, plus any future budget periods, if applicable)			\$100,000.00
Federal award project description (descriptive project title)		Breast and cervical cancer screening and quality improvement for Arizona known as Well Woman HealthCheck Program.	
Funding agency		Center for Disease Control & Prevention	
Pass-through entity (primary recipient)		Arizona Department of Health Services	
Pass-through entity (secondary recipient, if applicable)		Pima County Health Department	
Assistance listing number and title (applies to 100% of this sub-award, including all disbursements)		93.898 – Cancer Prevention & Control Programs for State, Territorial & Tribal Organizations	
Is this subaward for research and development?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Subrecipient indirect cost rate and methodology	<input type="checkbox"/> Negotiated Indirect Cost Rate Agreement	<input checked="" type="checkbox"/> De minimis rate	<input type="checkbox"/> No Indirect
Required match	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Match amount	\$0.00

SUBAWARD AMENDMENT

1. BACKGROUND AND PURPOSE.

1.1. Background. On July 1, 2022, County and Subrecipient entered into the above referenced agreement to provide services for the Well Woman HealthCheck program.

1.2. Purpose. The County is extending the term of the agreement two weeks to comport with the extension of the grant period.

2. TERM. The County is exercising the second extension option to renew the contract for a couple of weeks commencing on January 29, 2024 and terminating on February 14, 2024. If the commencement date is before the Effective Date of this amendment, the parties will, for all purposes, deem the amendment to have been in effect as of the commencement date.

All other provisions of the Contract not specifically changed by this Amendment remain in effect and are binding upon the parties.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

PIMA COUNTY

Chair, Board of Supervisors

Date

ATTEST

Clerk of the Board

Date

APPROVED AS TO FORM

Anasuya Shekhar
Deputy County Attorney

Anasuya Shekhar
Print DCA Name

4/19/24
Date

APPROVED AS TO CONTENT

[Signature]
Department Representative

4-19-24
Date

SUBRECIPIENT

Clint Kuntz
Authorized Officer Signature
Clint Kuntz, CEO

Printed Name and Title

4/18/2024
Date