



# 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):**

Arizona Department of Health Services (ADHS)

**\*Project Title/Description:**

Senate Bill 1847

**\*Purpose:**

This amendment extends the existing intergovernmental agreement by one year. Senate Bill 1847 provided the Health Department with medical marijuana monies to address public health.

**\*Procurement Method:**

The grant amendment was reviewed and signed by PCAO.

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

The Health Department intends to use these monies to support assessment of health needs and address youth mental health substance misuse.

**\*Public Benefit:**

The Health Department will better understand the health needs of Pima County residents and provide needed support to youth.

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

- Number of Behavioral Risk Factor Surveillance System surveys conducted
- Number of youth receiving telehealth services

**\*Retroactive:**

No.

6011 approved  
REC 5/2/2024

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): 24-073
Commencement Date: 07/01/2024 Termination Date: 06/30/2025 Amendment Number: 01
Match Amount: \$ \_\_\_\_\_ Revenue Amount: \$ 0.00

\*All Funding Source(s) required: Senate Bill 1847 mandated funding to counties from the tax on medical marijuana

\*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)?
No federal funding

Contact: Sharon Grant

Department: Health

Telephone: 724-7842

Department Director Signature: [Signature] Date: 4-29-24
Deputy County Administrator Signature: [Signature] Date: 6 May 2024
County Administrator Signature: [Signature] Date: 5/8/24



**INTERGOVERNMENTAL AGREEMENT (IGA)  
AMENDMENT**

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

Contract No.: CTR059333

IGA Amendment No: 1

Procurement Officer  
**Brandon Durick**

**SENATE BILL 1847**

**It is mutually agreed that the Intergovernmental Agreement referenced is amended as follows:**

- Pursuant to Terms and Conditions, Effective upon signature by all parties and pursuant to the Terms and Conditions, Provision Six (6), Contract Changes, Section 6.1, Amendments, Purchase Orders and Change Orders it is mutually agreed that the Intergovernmental Agreement referenced is amended as follows:

1.1. The Contract is hereby extended through **June 30<sup>th</sup>, 2025**.

**ALL OTHER PROVISIONS OF THIS AGREEMENT REMAIN UNCHANGED.**

**Pima County**

Contractor Name:

**3950 S. Country Club Rd. Suite 100**

Address:

**Tucson**

**Arizona**

**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.

*R. Shekhar*

*4/24/24*

Signature

Date

State of Arizona

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

*Anasuya Shekhar*

Print Name

Procurement Officer

Contract No.: **CTR059333**, 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