



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:**

Public Health Improvement Program

***Purpose:**

This amendment provides a budget for FY2024/2025. This funding supports public health improvement efforts in the Health Department.

***Procurement Method:**

The grant amendment was reviewed and signed by PCAO.

***Program Goals/Predicted Outcomes:**

- Achieve process improvements among department programs
- Achieve public health accreditation

***Public Benefit:**

Improving the efficiency and effectiveness of public health programs may result in improved outcomes for Pima County residents. Achievement of public health accreditation helps ensure the public that the health department's operations reflect nationally recognized best practices.

***Metrics Available to Measure Performance:**

- Number of trainings delivered
- Number of performance improvement projects completed

***Retroactive:**

No.

*6/11/24 approved.
ML 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? _____

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): 24-072
Commencement Date: 07/01/2024 Termination Date: 06/30/2025 Amendment Number: 02

Match Amount: \$ _____ Revenue Amount: \$ 113,700.00

*All Funding Source(s) required: Preventive Health and Health Services Block Grant, CDC funding passed through ADHS

*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, CTR060592

Contact: Sharon Grant

Department: Health

Telephone: 724-7842

Department Director Signature: _____ Date: 4-29-24

Deputy County Administrator Signature: _____ Date: 6 May 2024

County Administrator Signature: _____ Date: 5/8/24



**INTERGOVERNMENTAL AGREEMENT (IGA)
AMENDMENT**

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

CONTRACT NO.: CTR060592

IGA AMENDMENT NO: TWO (2)

**PROCUREMENT OFFICER
Ryan Garcia**

Public Health Improvement Program

It is mutually agreed that the Intergovernmental Agreement (IGA) referenced in this Amendment Two (1) 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 Price Sheet is revised and replaced effective July 1st 2024.

ALL CHANGES ARE IDENTIFIED BELOW IN RED

ALL OTHER PROVISIONS OF THIS AGREEMENT REMAIN UNCHANGED

Pima County

Contractor Name:

Authorized Signature

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.

Darlene M Cortina 4/25/2024
Signature Date

State of Arizona

Signed this _____ day of _____ 2023.

Darlene Cortina
Print Name

Procurement Officer

Contract No.: **CTR060592**, 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.

REVIEWED BY: *[Signature]*
Appointing Authority or Designee
Pima County Health Department

Signature Date

Assistant Attorney General
Print Name



**INTERGOVERNMENTAL AGREEMENT (IGA)
AMENDMENT**

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

CONTRACT NO.: CTR060592

IGA AMENDMENT NO: TWO (2)

PROCUREMENT OFFICER
Ryan Garcia

PRICE SHEET

Account Classification	Line Item Totals
Personnel	\$ 52,250.00
Employee Related Expenses	\$ 13,063.00
Professional & Outside Services	\$ 0.00
Travel Expenses	\$ 12,938.00
Occupancy Expenses	\$ 0.00
Other Operating Expenses	\$ 25,113.00
Capital Outlay Expenses	\$ 0.00
Indirect Cost Expenses (if authorized)	\$ 10,336.00
Total Annual Amount (Not to Exceed)	\$ 113,700.00

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