

COB - BOSAIR FORM

08/05/2026 4:21 PM (MST)

Submitted by Jeannette.Montano2@pima.gov



BOARD OF SUPERVISORS AGENDA ITEM REPORT (BOSAIR)

All fields are required. Enter N/A if not applicable. For number fields, enter 0 if not applicable.

Record Number:

Amplifund Grant Record Number: 70304

Award Type: Grant

BOSAIR Activity: Board Meeting Request

Requested Board Meeting Date: 08/25/2026

Supplier / Customer / Grantor / Subrecipient: Arizona Department of Health Services

Project Title / Description: Public Health Improvement Program

Purpose: The Public Health Improvement Program is a five-year grant that supports the implementation of evidence-based strategies to advance policy, systems, and environmental changes at the community and organizational levels. Funding supports the Pima County Health Department's (PCHD) reaccreditation through the Public Health Accreditation Board, completion of three quality improvement projects across administrative, clinical, non-clinical, and population-based public health initiatives, and the maintenance of a competent public health workforce.

Amendment No. 4 revises and replaces the Scope of Work by removing the Arizona Department of Health Services (ADHS) CLAS training requirement included in the previous Scope of Work, updating the allowable budget transfer threshold from twenty-five percent (25%) to ten percent (10%), and revising the ADHS point of contact. The Price Sheet is also revised and replaced to reflect the updated 10% budget transfer threshold and revised budget allocations. In addition, Exhibit A is revised and replaced to update the subaward performance dates and the Federal Award Identification Number (FAIN).

Procurement Method: Grant: Not applicable

Procurement Method Additional Info: NA

Program Goals/Predicted Outcomes: PCHD will implement evidence-based strategies at the local community level that seek the following:
- Assist in the professional development of a competent public health workforce at PCHD.
- Achieve process and systems improvements across multiple divisions and programs through utilizing Project Management and Lean Six Sigma tools and other performance and quality improvement methodologies.
- Strengthen organizational capacity for accreditation in order to achieve and maintain public health accreditation.

Public Benefit and Impact: Improving the efficiency and effectiveness of public health programs leads to better health outcomes for Pima County residents. Achieving public health accreditation demonstrates that the PCHD's operations align with nationally recognized standards and best practices, strengthening public confidence in the quality and accountability of its services.

Strategic Plan Pillar

- Public Service
- Quality of Life

Support of Prosperity Initiative:

- 2. Improve Quality of Life and Opportunity in High Poverty Areas
- 4. Increase Health Coverage and Reduce Medical Debt

Provide information that explains how this activity supports the selected Prosperity Initiatives PHIP activities support selected Prosperity Initiatives by improving the efficiency and effectiveness of public health programs, promoting healthy community interventions, and helping the PCHD better align its internal priorities. These efforts ensure that PCHD's work supports the priorities and activities identified in the Pima County Health Needs Assessment, PCHD's Strategic Plan, and the goals outlined in the Healthy Pima Action Plan.

Metrics Available to Measure Performance:
-Number of professional development and clinical (Basic Life Support - BLS/CPR) trainings offered and delivered to staff.
-Number of Performance and Quality Improvement trainings (Lean Six Sigma) offered and delivered to staff.
-Number of staff certified in Lean Six Sigma (White, Yellow, Green, and Black) and BLS/CPR trainings.
-Number of performance improvement projects completed throughout programs and divisions.
-Number of PHAB accreditation documents completed, reviewed, edited and submitted for the fiscal year.

Retroactive: YES

Retroactive Description: Yes. The term for Amendment 4 began on July 1, 2026. The amendment was received on 06/02/2026. However, due to a workflow requirement and the need for PCAO's review and approval, the earliest available BOS Meeting date is now set for 08/25/26.

Grant / Amendment Information (for grants acceptance and awards)

Record Number:

Euna Grant Record Number: 70304

Type: Amendment

Department Code: HD

Euna Grant Record Number: 70304

Amendment Number: 4

Commencement Date: 07/01/2026

Termination Date: 06/30/2027

Advantage Initial GTAW# (If Applicable): GTAW-HD-23-071

Total Revenue Amount:

\$113,700.00

Total Match Amount

\$0.00

Advantage Grant ID # (If Applicable): 23*071

All Funding Source(s) required: Preventative Health and Health Services Block Grant from Health and Human Services, Centers for Disease Control and Prevention (CDC) funding passed-through Arizona Department of Health Services

Does PCAO need to review the grant award (or grant amendment)?	YES
Does PCAO need to sign the grant award (or grant amendment)?	YES
Match funding from General Fund?	NO
Match funding from other sources?	NO
Are Federal Funds Involved?	YES

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If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?

Health and Human Services, CDC

CFDA#	93.991
FAIN#	NP01PW000108
Department:	Health
Name:	Jeannette Montaña
Telephone:	5207247495

GMI Director:  Date: 8/7/2026 | 11:31 AM MST

Department Director Signature: Theresa Cullen Department Director Date: 8/7/2026 | 10:58 AM MST

Deputy County Administrator Signature:  Date: 8/7/2026 | 2:04 PM MST

County Administrator Signature:  Date: 8/7/2026 | 2:19 PM MST

	INTERGOVERNMENTAL AGREEMENT (IGA) Amendment		ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF PROCUREMENT 150 N. 18 th Ave., Suite 530 Phoenix, Arizona 85007
	Contract No.: CTR060592	IGA Amendment No: Four (4)	Procurement Officer: Viridiana Cruz Morales

Public Health Improvement Program			
It is mutually agreed that the Intergovernmental Agreement referenced is amended as follows:			
1. Pursuant to Terms and Conditions, Provision Six (6) Contract Changes, subsection 6.1 Amendments, Purchase Orders and Change Orders, the Contract is hereby revised with the following:			
1.1. The Scope of Work (SOW) is revised and replaced to remove ADHS CLAS training that was in subsection of the prior SOW 7.1.4.1., subsection 11.1.9.1. was updated to reflect ten percent (10%) instead of twenty-five percent (25%) and the ADHS contact was updated.			
1.2. The Price Sheet is revised and replaced to reflect ten (10%) transfer percentage and budget allocations were updated.			
1.3. Exhibit A is revised and replaced to update subaward dates and Federal Award Identification Number.			
ALL CHANGES ARE REFLECTED IN RED			
All other provisions of this agreement remain unchanged.			
Pima County Health Department			
Contractor Name:		Authorized Signature	
3950 S. Country Club, Suite 100			
Address:		Print Name	
Tucson	AZ	85714	
City	State	Zip	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.	
		State of Arizona	
Signature <i>Tanner Bedawith</i>		Signed this _____ day of _____ 2026.	
Date <i>7/31/26</i>		Procurement Officer	
Print Name			
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.			
Signature _____ Date _____			
Assistant Attorney General			
Print Name			

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Scope of Work

1. BACKGROUND

- 1.1. The vision of the Arizona Department of Health Services (ADHS) is "Health and Wellness for all Arizonans." The ADHS conducts a five (5) year statewide needs assessment, the Arizona State Health Assessment (SHA), to examine key health indicators and provide a comprehensive overview of the health of Arizonans. Annual updates to the SHA are also published. ADHS published the [Arizona State Health Assessment: 2022 Annual Update](#), which utilizes an evidence-based public health approach to improve the health and wellness of Arizona residents. Findings from the SHA inform the priorities outlined in the [2021-2025 Arizona Health Improvement Plan \(AzHIP\)](#) and guide programming within ADHS, including the Preventive Health and Health Services Block Grant. The AzHIP creates a roadmap to improve the health of Arizonans over the next five (5) years through the development of partnerships and resources to work collectively on shared health improvement goals and strategies.
- 1.2. This Agreement is being established to provide funding to the Local County Health Department to implement the Public Health Improvement (PHI) Program within their county.
- 1.3. The PHI Program is funded through the Preventive Health and Health Services Block Grant.
- 1.4. This current iteration of the PHI Program was initiated in July 2020 and was originally funded through the fixed price, integrated Healthy People, Healthy Communities (HPHC) Intergovernmental Agreement (IGA). In July 2022, the PHI Program scope and funding were moved to a separate cost-reimbursement Agreement.
- 1.5. The ADHS Bureau of Women's and Children's Health (BWCH) administers the federally funded Preventive Health and Health Services Block Grant, in addition to other federally funded, state-funded, and privately funded programs;
- 1.6. The [Preventive Health and Health Services Block Grant Program](#) was established in 1981 through the consolidation of several previously categorical health and social service grants (e.g., emergency medical services, hypertension, home health services, health education and risk reduction, urban rodent control, and community water fluoridation). The Preventive Health and Health Services Block Grant Program provides federal funding for sixty-one (61) recipients: all fifty (50) states, the District of Columbia, two (2) American Indian tribes, five (5) US territories, and three (3) freely associated states and is administered by CDC's Center for State, Tribal, Local, and Territorial Support.
- 1.7. The Preventive Health and Health Services Block Grant gives recipients the ability to address prioritized public health needs in their jurisdictions in collaboration with local and tribal public health agencies and organizations. Recipients set their own goals and program objectives and implement local strategies to address their prioritized public health needs related to [Healthy People 2030](#) objectives.
- 1.8. The [Preventive Health and Health Services Block Grant Measurement Framework](#) allows for standardized data collection and aggregation of the outputs, outcomes, and achievements of health departments using grant funds. The framework consists of four (4) key measures:
 - 1.8.1. Improvement in the capacity to collect or enhance data that provide information of public health importance was improved or maintained.
 - 1.8.2. Improvement in the efficiency or effectiveness of operations, programs, or services.
 - 1.8.3. Emerging public health needs addressed.
 - 1.8.4. Evidence-based public health interventions implemented.
- 1.9. Key populations of interest for the PHI Program are "All Arizonans".

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2. PURPOSE

The purpose of this agreement is to leverage partnerships between ADHS and Local County Health Departments by providing Preventive Health and Health Services Block Grant funding to support the implementation of high-impact strategies that address the health priorities identified in the AzHIP and county health improvement plans (CHIPs). This Agreement is intended to provide flexibility to the Local County Health Department to meet the needs of local communities.

3. OBJECTIVE

- 3.1. The County shall implement evidence-based/evidence-informed strategies at the local community level that:
 - 3.1.1. Promote and implement healthy community interventions that target policy, system, and environmental approaches that will shape the communities in which we live, learn, work, and play.
 - 3.1.2. Promote and implement healthy people interventions that target individual behavior and support making healthy choices.

4. SCOPE OF WORK

PHI Program:

- 4.1. Under the PHI Program, the county health departments may use several strategies to support local initiatives to achieve healthy communities. As health departments often may not have dedicated funds and resources to build and strengthen their organizations, the Public Health Improvement funds allow for that flexibility within the established strategies. The funds may be used for activities to seek accreditation and re-accreditation, improve health department efficiency and effectiveness, increase performance management capacity, and enhance public health readiness activities in the face of emerging issues.
- 4.2. The County shall select one (1) or more strategies from the strategic areas outlined below:
 - 4.2.1. Strategic Area: Seeking Public Health Accreditation Board (PHAB) Accreditation or Reaccreditation
 - 4.2.1.1. Implement activities, training, and tools for the Local Health Department (LHD) to apply for PHAB accreditation.
 - 4.2.1.2. Implement activities, training, and tools for the (LHD) to achieve PHAB reaccreditation sustainability.
 - 4.2.2. Strategic Area: Evaluate and Continuously Improve Processes, Programs, Quality Improvement, and Interventions in Performance Management
 - 4.2.2.1. Implement tools or training to develop or maintain a performance management system supported by leadership and management to monitor the achievement of organizational objectives.
 - 4.2.2.2. Implement activities, tools, or training to develop or maintain a culture of quality improvement integrated into organizational practice, processes, and interventions.
 - 4.2.2.3. Conduct training or capacity building with local stakeholders to support the department's and county's implementation of a quality improvement plan or quality improvement activities.
 - 4.2.3. Strategic Area: Maintain a Competent Workforce

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- 4.2.3.1. Implement activities and training to build multidisciplinary skills needed for the health department to achieve its mission, goals, and objectives.
- 4.2.3.2. Implement activities to build and support a health department with a supportive work environment, employee recognition, employee wellness efforts, and professional development.
- 4.2.3.3. Conduct activities to support the larger public health workforce of the community.
- 4.2.4. Strategic Area: Conduct and Disseminate Assessments Focused on Population Health Status and Public Health Issues Facing the Community
 - 4.2.4.1. Conduct collaborative activities with the community to develop, enhance, and disseminate the community health assessment.
- 4.2.5. Strategic Area: Develop Policies and Plans
 - 4.2.5.1. Conduct or participate in collaborative activities with the community to develop and implement the community health improvement plan.
 - 4.2.5.2. Conduct activities to track and implement goals set in the county health improvement plan.
 - 4.2.5.3. Complete activities to develop, implement, and maintain a strategic plan.
 - 4.2.5.4. Complete activities to develop, implement, and maintain an all-hazards emergency operations plan.
- 4.2.6. Strategic Area: Health Equity
 - 4.2.6.1. Develop and implement strategies that address health inequity and cultural competence.
- 4.2.7. Strategic Area: Administrative and Management Capacity
 - 4.2.7.1. Develop and maintain internal health department policies and procedures for operations, human resources, information management, financial management, and management of ethical issues.
- 4.2.8. In addition, with prior approval from ADHS, the County can also use its PHI Program funding to address emerging issues:
 - 4.2.8.1. Conduct activities to address an emerging health issue aligned with state and nationally identified emerging health issues (percentage (%) of funds to be approved by ADHS).

5. EVALUATION

- 5.1. Performance measures and evaluations allow the Counties and ADHS to collaboratively track progress on process indicators, outcomes measures, and impacts. As part of the local evaluation plan, the Counties shall be responsible for measuring the short-term and intermediate outcomes. Monitoring progress on short-term outcomes provides an opportunity for the County to make adjustments to strategies to ensure increased long term impact. ADHS, in coordination with the Counties, will be responsible for measuring the long-term and impact outcomes. Process indicators, outcomes measures, and impacts must clearly relate to the selected strategies and activities identified within each County's Annual Action Plan; and

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- 5.2. ADHS will provide technical support to The County on selecting the appropriate indicators to measure process and outcomes as they align with the 2021-2025 AzHIP priorities and Healthy People 2030 objectives for the PHI Program.

6. APPROVALS

- 6.1. The quarterly reports, annual action plans, annual budget workbook, and monthly Contractor Expense Reports (CER) (Exhibit C) with receipts supporting expenses billed for in-state and out-of-state travel and equipment purchases of \$250 or more, as required and/or requested shall be approved by ADHS prior to payment reimbursement.
- 6.2. Upon approval of the Action Plan, any changes to the approved activities, or strategies must be resubmitted to ADHS for review and approval prior to implementation.
- 6.3. Any requests to provide additional information on quarterly reports will require resubmission of the report for ADHS review and approval prior to payment reimbursement.
- 6.4. Purchases of Capital Equipment (single item purchase of \$5,000 or more) will require written approval prior to purchasing. Approval shall be requested in writing to the ADHS Block Grants Program Manager:
- 6.4.1. Requests can be made via email and shall include the following information:
- 6.4.2. Type of equipment requesting to be purchased.
- 6.4.3. Cost of equipment.
- 6.4.4. How the proposed purchase supports the currently approved scope of work and annual action plan.
- 6.5. All marketing materials (the use of the ADHS logo, brochures, posters, public service announcements, paid media, videos, etc.) that have been developed, written, published, or recorded by the Counties and paid for with funds from this award must be first approved by ADHS prior to the dissemination of such materials or airing or use of such announcements.
- 6.6. All county-local emerging issues and related supporting documentation must be approved by ADHS prior to implementation, and the percentage of funds used to conduct activities to address an emerging health issue aligned with state and nationally identified emerging health issues must be approved by ADHS prior to implementation.
- 6.7. Any evaluation or study to be conducted that involves human subjects must be approved by ADHS prior to conducting.

7. TASKS

- 7.1. The County shall:
- 7.1.1. Develop and submit a separate Annual Budget Workbook due January 15th of each year for the following year's budget period, including the federally approved indirect rate letter.
- 7.1.2. Develop and implement an Annual Action Plan within the first (1st) forty-five (45) days of each budget period (i.e., on or before August 15th).
- 7.1.3. Implement the selected approved evidence-based and/or evidence-informed strategies outlined in County Action Plans.

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- 7.1.4. Participate in all calls (monthly, bi-monthly, quarterly), technical assistance calls, webinars, meetings, and training
- 7.1.5. Participate in the development of a shared comprehensive evaluation plan and report on any performance measures related to the implementation of their activities (process and/or intermediate), or as defined by the funding sources.
- 7.1.6. Provide receipts supporting expenses billed for any in-state/out-of-state travel and equipment purchases of \$250 or more are to also be submitted, and
- 7.1.7. Provide upon request from ADHS all receipts supporting expenses billed for a selected for review.
- 7.1.8. Tag and inventory equipment in compliance with the policy in the State of Arizona Accounting Manual, <https://gao.az.gov/sites/default/files/2022-05/2535%2520Stewardship%2520190304.pdf>
- 7.1.9. Maintain documents pertaining to the asset, i.e., receiving papers, invoice, purchase order, receipt, etc., and
- 7.1.10. Documents shall include the make, model, serial number, and acquisition date of the asset.
- 7.1.11. Submit brochures, posters, public service announcements, paid media, videos, sponsorships, etc., to be paid for with funds from this IGA prior to development and use.

8. REQUIREMENTS

- 8.1. All in-state and out-of-state travel shall follow the travel and per diem policies as outlined in the State of Arizona Accounting Manual (SAAM).
- 8.2. Food purchases are allowed within guidelines for federally funded programs. Contractor shall submit a Request for Food form (Attachment F) to the ADHS Block Grants Program Manager when needing to purchase food for the MCH and/or PHI Program.
 - 8.2.1. Requests shall be submitted at a minimum of eight (8) weeks prior to an event or eight (8) weeks prior to an internal deadline needing to be met.
 - 8.2.2. Total food purchased throughout a fiscal year cannot exceed three percent (3%) of the total annual program budget.
 - 8.2.3. Food purchases must not exceed the allowable ADHS per person per person, per diem meal rates as outlined in the [State of Arizona Accounting Manual \(SAAM\)](#).
 - 8.2.4. The food provided must be healthy items. Please see the [ADHS Healthy Meeting Policy](#) for further guidance on nutritional guidelines for events/meetings.
 - 8.2.4.1. Offer healthy food options and portion sizes consistent with the most current USDA Dietary Guidelines for Americans. This includes ensuring a variety of healthy food options such as lean protein choices, vegetables, fruits, and whole grain products.
 - 8.2.4.2. Employ food safety practices when preparing, serving, and cleaning up when food and beverages are served at meetings. Pay particular attention to perishable food items such as fruits, vegetables, dairy, and meat products.

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8.2.4.3. Offer healthy beverage options such as water, 100% fruit or vegetable juice, low-fat and fat-free milk, and dairy alternatives. Provide beverages with minimal to no added sugar.

8.2.4.4. Provide healthy snack options in single-serving portions and include lower-sodium snacks. This includes at least one fruit or vegetable item.

8.2.5. A speaker/presentation during the time the meal is provided is required.

8.2.6. Justification for providing food at events requires but is not limited to:

8.2.6.1. How providing food serves a valid public purpose and does not violate the "gift clause".

8.2.6.2. Is an integral part of the function.

8.2.6.3. Benefits the community.

8.2.7. ADHS Block Grants Program Manager will review the Request for Food form and forward it to the ADHS Chief Financial Officer for final approval.

8.2.7.1. No food shall be purchased or reimbursed until the Request for Food form has been approved and signed by the ADHS Chief Financial Officer.

8.2.7.2. Approval of an annual budget workbook allocating costs for food is not an approval to purchase food.

8.3. Comply with all federal reporting requirements.

8.4. At least one (1) Program Manager or coordinator from each of the MCH HAF IGA programs shall be in attendance at the annual ADHS conference identified by the MCH HAF Program Manager.

8.5. County program staff implementing strategies in this Agreement shall be required to participate in quarterly MCH HAF IGA contractor meetings.

9. STATE PROVIDED ITEMS

9.1. ADHS will provide:

9.1.1. Review, feedback, and approval of the Annual Action Plan(s) within thirty (30) days of submitting.

9.1.2. Review, feedback, and approval of the annual Budgets Workbooks, CERs, and Supporting Documentation within thirty (30) days of submission.

9.1.3. Feedback, technical assistance, and training to support the approved Annual Action Plan(s), Annual Budget, Quarterly Reporting, and Supporting Documentation.

9.1.4. Samples of evidence-based and/or evidence-informed strategies and supporting resources.

9.1.5. A Quarterly Reporting template upon execution of the Agreement.

9.1.6. The Annual Action Plan template upon execution of the Agreement.

9.1.7. Annual Budget Workbook and CER templates upon execution of the contract.

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- 9.1.8. Outcome Measures and examples of process, or intermediate performance measures, as needed.
- 9.1.9. Access to virtual technical assistance and guidance from ADHS staff, Local County Health Department peers/mentors, and subject matter experts related to the strategies for which the County has received funding, and
- 9.1.10. Coordination and conduct annual Contractor site visits.
- 9.1.11. Exhibit A - 2 CFR 200.332
- 9.1.12. Exhibit B – 2 CFR 200.332
- 9.1.13. Exhibit C – [Contractor Expenditure Report \(CER\)](#).
- 9.1.14. Exhibit D – [Supporting Documentation of Expenses](#).
- 9.1.15. Exhibit E – [Line Item Budget Move Request](#).
- 9.1.16. Exhibit F – [Request for Purchase of Food](#).
- 9.1.17. Exhibit G – [Emerging Issues Approval Process](#).

9.2. The following are due upon execution of the contract:

- 9.2.1. Action Plan Template.
- 9.2.2. Quarterly Report Template.
- 9.2.3. Contractor Expenditure Report (CER) template.
- 9.2.4. Budget Workbook Template.

10. RESTRICTIONS

10.1. Funds cannot be used for any of the following:

- 10.1.1. Lobbying activities, including the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government.
- 10.1.2. Inpatient services, other than inpatient services provided to children with special health care needs or to high-risk pregnant women and infants and such other inpatient services as the Secretary may approve.
- 10.1.3. Cash payments to intended service recipients of health services.
- 10.1.4. The purchase or improvements of land; the purchase, construction, or permanent improvement (other than minor remodeling) of any building or other facility, or the purchase of major medical equipment — unless the ADHS has obtained a waiver from the Secretary of the Department of Health and Human Services (HHS).

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- 10.1.5. Satisfying any requirements for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.
- 10.1.6. Providing funds for research or training (or other financial assistance) to any entity other than a public or non-profit private entity.
- 10.1.7. Payment for any item of service (other than an emergency item or service) furnished:
 - 10.1.7.1. By an individual or entity during the period when such individual or entity is excluded under this title or title XVIII, XIX, or XX pursuant to section 1128, 1128A, 1156, or 1842(j)(2), or
 - 10.1.7.2. By the medical director during the period when the physician is excluded under this title or title XVIII, XIX, or XX pursuant to section 1128, 1128A, 1156, or 1842(j)(2) and when the person furnishing such item or service knew or had reason to know of the exclusion (after a reasonable time period after reasonable notice has been furnished to the person).

11. DELIVERABLES

11.1. The County Shall:

- 11.1.1. Submit an Annual Action Plan within the first forty-five (45) days of each budget period.
- 11.1.2. Submit a monthly Contractor Expenditure Report (CER) to ADHS, due thirty (30) days following each month of services.
 - 11.1.2.1. Retain and submit monthly CERs and maintain sufficient documentation in the form of receipts in support of expenses incurred for any purchases that are being claimed for reimbursement or applied as match dollars to a budget.
 - 11.1.2.2. Supporting documentation shall be kept by the Contractor and does NOT need to be submitted with the monthly CERs with the exception of travel receipts/documentation (in-state and out-of-state) and single purchases of equipment purchases of \$250 or more are to be submitted.
 - 11.1.2.3. Upon request from ADHS, all receipts supporting expenses billed for a selected CER shall be submitted for review.
- 11.1.3. Submit written Quarterly Reports, due thirty (30) days after each quarter end (Q1: July — September; Q2: October — December; Q3: January — March; and Q4: April — June).
- 11.1.4. Submit a final CER invoice no later than forty-five (45) days following the end of each contract year.
- 11.1.5. Submit an Annual Budget Workbook due by January 15th, for the next year's fiscal period.
- 11.1.6. Public Health Improvement Program **ONLY**: Counties shall submit their Community Health Assessment (CHA) and/or Community Health Improvement Plan (CHIP) to the ADHS PHI Program Manager within forty-five (45) days of the document being published.
- 11.1.7. Provide the ADHS Block Grants Program Manager with contact information of all program staff funded under this IGA within thirty (30) days of IGA execution to include:
 - 11.1.7.1. Name, title, email address, and phone numbers.

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11.1.7.2. Staff Resumes, and

11.1.7.3. Program area assigned.

11.1.8. Submit to the ADHS Block Grants Program Manager all staffing and programmatic changes within fifteen (15) days of the staffing change providing information outlined in 11.1.7.

11.1.9. Request to transfer budget amounts between line items shall be submitted to the ADHS Block Grants Program Manager utilizing the "[budget line item move](#)" document.

11.1.9.1. Any budget transfers exceeding **ten percent (10%)** of the total annual budget or to a non-funded line item, will require a revised budget be submitted to the ADHS Block Grants Program Manager and an IGA amendment issued by ADHS Procurement.

12. NOTICES, CORRESPONDENCE, AND REPORTS

12.1. Notices, correspondences, reports, supporting documentation, and invoices/CERs from the Contractor to ADHS shall be sent to:

Yahaira Romero
Block Grants Program Manager
Arizona Department of Health Services
150 N. 18th Avenue, Ste. 310
Phoenix, AZ 85007-3242
Email: yahaira.romero@azdhs.gov
Phone: **(480) 828-4729**

12.2. Notices, correspondence, and reports (and payment if sent to the same address) from ADHS to the Contractor shall be sent to:

Pima County Health Department
Theresa Cullen, MD, MS, Director
3950 S. Country Club, Suite 100
Tucson, AZ 85714
Email: Theresa.cullen@pima.gov
Phone: (520) 724-7765

	INTERGOVERNMENTAL AGREEMENT (IGA) Amendment		ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF PROCUREMENT 150 N. 18 th Ave., Suite 530 Phoenix, Arizona 85007
	Contract No.: CTR060592	IGA Amendment No: Four (4)	Procurement Officer: Viridiana Cruz Morales

PRICE SHEET
July 1, 2026 – June 30, 2027

Program: Public Health Improvement (PHI) Program
 Federal Funding: Preventative Health and Health Services Block Grant

Cost Reimbursement Contract Annual Price Sheet	
ACCOUNT CLASSIFICATION	LINE-ITEM TOTALS
SALARIES AND WAGES*	\$54,731.00
EMPLOYEE RELATED EXPENSES*	\$13,683.00
TRAVEL*	\$5,832.00
PROFESSIONAL & OUTSIDE SERVICES	\$0.00
CAPITAL EXPENSES	\$0.00
OTHER OPERATING EXPENSES*	\$24,623.57
INDIRECT COSTS* (15%)	\$14,830.43
Total Annual not to exceed:	\$113,700.00
If applicable, the Contractor is authorized to transfer up to a maximum of ten percent (10%) of the total budget amount between line items with written approval from an ADHS program representative. Transfers exceeding ten percent (10%) or to a non-funded line item shall require an Agreement Amendment. *Indicated indirect rate calculation	

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Exhibit A - 2 CFR 200.332

Prime Awardee:	Arizona Department of Health Services
UEI#	QMWUG1AMYP65
Subrecipient name (which must match the name associated with its unique entity identifier):	<u>Pima County Health Department</u>
Subrecipient's unique entity identifier (UEI #):	<u>U8XUY58VDQS3</u>
Federal Award Identification Number (FAIN, sometimes it's the same as the Grant Number):	<u>NB01PW000108</u>
Federal Award Date	<u>09/08/2025</u>
Sub-recipient/Subaward Period of Performance Start and End Date;	<u>10/01/2024-09/30/2026</u>
Sub-recipient/Subaward Budget Period Start and End Date:	<u>10/01/2024-09/30/2026</u>
Amount of Federal Funds Obligated in the subaward:	<u>\$28,425.00</u>
Total Amount of Federal Funds Obligated to the subrecipient by the pass-through entity including the current financial obligation (how much is available for contracts):	<u>\$113,700.00</u>
Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)	<u>Preventive Health and Health Services Block Grant-2024</u>
Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity	<u>Centers for Disease Control and Prevention</u>

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Assistance Listings number and Title; the passthrough entity must identify the dollar amount made available under each Federal award and the Assistance Listings Number at time of disbursement: 93.991

Identification of whether the award is R&D No

Indirect cost rate for the Federal award (including the de minimis rate is charged) per § 200.414 15%