

# COB - BOSAIR FORM

06/04/2026 10:07 AM (MST)

Submitted by Maria.Loya2@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: 93283

**Award Type:** Grant

**BOSAIR Activity:** Board Meeting Request

**Requested Board Meeting Date:** 06/23/2026

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

**Project Title / Description:** Title V Maternal and Child Health (MCH), Healthy Arizona Families (HAF)

**Purpose:** Title V Maternal and Child Health (MCH), Healthy Arizona Families is a key source of support for promoting and improving the health and well-being of Pima County mothers, children, and their families. The purpose of this funding is to improve the health of women before, during and beyond pregnancy; increase services for children/youth with health care needs; engage and support adolescents to make healthy decisions as they transition to adulthood; improve the oral health of Arizona's children who are physically active; and strengthens the ability of Arizona families to raise emotionally and physically healthy children.

This amendment will revise and replace Scope of Work to include definitions in Section 1, subsection 10.9.1 is updated to reflect ten percent (10%) instead of twenty-five percent (25%), AND THE ADHS contact was updated. Price Sheet is revised and placed to reflect ten (10%) transfer percentage, and allocations were updated. Lastly, Exhibit Three (3) 2CFR 200.332 is added. This amendment will also include a No Cost Extension to the current IGA approved on 9/16/2025.

**Procurement Method:** IGAs: This IGA is a non Procurement contract and not subject to Procurement rules.

**Procurement Method Additional Info:** This IGA amendment was reviewed and signed by the PCAO.

**Program Goals/Predicted Outcomes:** The Health Department has begun working on implementing evidence-based strategies at the local community level that:

1. Promote and enhance preventative and primary care services for pregnant women, mothers, infants, children, and adolescents.
2. Provide access to comprehensive prenatal and postnatal care for women, especially low-income and/or at risk-pregnant women.
3. Support the establishment, maintenance, and expansion of health care services that enhance preventative and primary care services for children's health, adolescent health, and Children with Special Health Care needs.

4. integrate family, youth adult, and community engagement in county MCH grant activities in conjunction with ADHS Engaging Families and Young Adult Programs.

**Public Benefit and Impact:** This IGA offers a variety of evidence-based strategies designed to promote and positively impact the health status and outcomes of the Maternal and Child Health population in Arizona. The Health Department will emphasize complementary policy, programmatic, and infrastructure activities that integrate and build on each other to optimize the health improvements of the community.

**Strategic Plan Pillar** • 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** This IGA offers a variety of evidence-based strategies designed to promote and positively impact the health status and outcomes of the Maternal and Child Health population in Arizona. The Health Department will emphasize complementary policy, programmatic, and infrastructure activities that integrate and build on each other to optimize the health improvements of the community.

**Metrics Available to Measure Performance:** The IGA includes an exhibit on the National Performance Measures Framework and evidence-based strategies for MCH domains. In the first quarter of each year, PCHD prepares an action plan that includes which activities and metrics will be used in that year.

**Retroactive:** NO

**Grant / Amendment Information (for grants acceptance and awards)**

**Record Number:**

Euna Grant Record Number: 93283

**Type:** Amendment

**Department Code:** HD

**Euna Grant Record Number:** 93283

**Amendment Number:** 1

**Commencement Date:** 07/01/2026

**Termination Date:** 06/30/2030

**Advantage Initial GTAW# (If Applicable):** N/A

**Total Revenue Amount:**

\$0.00

**Total Match Amount**

\$0.00

**Advantage Grant ID # (If Applicable):** N/A

**All Funding Source(s) required:** Title V Maternal Child Health Block Grant, administered by the Health Resources and Services Administration (HRSA), which is a part of U.S. Department of Health and Human Services (HHS).

**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

**If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?** Title V Maternal Child Health Block Grant, administered by the Health Resources and Services Administration (HRSA), which is a part of U.S. Department of Health and Human Services (HHS) and passed through the Arizona Department of Health Services, CTR076966.

**CFDA#** 93.994

**FAIN#** B045431

**Department:** HD

**Name:** Maria Loya

**Telephone:** 5207242877

GMI Director:  Date: 6/4/2026 | 4:24 PM MST

Department Director Signature: Theresa Cullen Date: 6/4/2026 | 1:56 PM MST

Deputy County Administrator Signature:  Date: 6/5/2026 | 4:21 PM MST

County Administrator Signature:  Date: 6/6/2026 | 9:14 AM MST

	<b>INTERGOVERNMENTAL AGREEMENT (IGA)</b> <b>Amendment</b>		ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF PROCUREMENT 150 N. 18 <sup>th</sup> Ave., Suite 530 Phoenix, Arizona 85007
	Contract No.: CTR076966	IGA Amendment No: One (1)	Procurement Officer: <b>Viridiana Cruz Morales</b>

<b>Title V Maternal and Child Health Healthy (MCH) Arizona Families</b>	
It is mutually agreed that the Intergovernmental Agreement referenced is amended as follows:	
<ol style="list-style-type: none"> <li>1. Pursuant to Terms and Conditions, Provision Seven (7) Contract Changes, subsection 7.1 Amendments, the Contract is hereby revised with the following:                         <ol style="list-style-type: none"> <li>1.1. The Scope of Work is (SOW) revised and replaced to include definitions in section 1, subsection 10.9.1 was updated to reflect ten percent (10%) instead of twenty-five percent (25%), and the ADHS Contact was updated.</li> <li>1.2. The Price Sheet is revised and replaced to reflect ten (10%) transfer percentage, and budget allocations were updated.</li> <li>1.3. Exhibit Three (3) 2CFR 200.332 is added.</li> </ol> </li> </ol>	
ALL CHANGES ARE REFLECTED IN RED	
<b>All other provisions of this agreement remain unchanged.</b>	
Pima County Health Department	
Contractor Name: 130 W. Congress, 3 <sup>rd</sup> Floor	Authorized Signature Jennifer Allen
Address: Tucson AZ 85701	Print Name Chair, Pima County Board of Supervisors
City State Zip Tucson AZ 85701	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 Date Sabrina Fladness 6/1/2026	Signed this _____ day of _____ 2026
Print Name	Procurement Officer
Contract No.: <b>CTR076966</b> , 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. DEFINITIONS**

- 1.1. **Engaging Families and Young Adults Program:** Will train, and coordinate placement of Family and Young Adult Advisors within designated County activities.
- 1.2. **Family Advisor:** A Family Member, parent, grandparent, foster parent, aunt, uncle, adult sibling, adult cousin, or other adults, who are considered family by a child who has first-hand, lived experience with systems of care, for the purpose of having direct and meaningful input into the systems, policies, programs, and/or practices that impact care, health, well-being, and the lives of children, youth, and families, who are recruited, trained, and managed through the Engaging Families and Young Adults Program (EFYAP).
- 1.3. **Young Adult Advisor:** Individuals ages eighteen to twenty-six (18-26), including those who have disabilities, ongoing healthcare considerations, and a variety of diversities, who are recruited, trained, and managed through the Engaging Families and Young Adults Program (EFYAP).

**2. BACKGROUND**

- 2.1. 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 6-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 that under the Title V Maternal and Child Health Services Block Grant (hereafter Title V MCH Block Grant) and 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. The Title V MCH Block Grant places a high emphasis on engaging with families, young adults, and communities in MCH programs funded by Title V Funds. This includes building capacity between counties, family/young adult advisors, and local communities to partner in decision-making regarding Title V Programs to help achieve the identified MCH priorities.
- 2.2. The mission of the Bureau of Women's and Children's Health (BWCH) is to "strengthen the family and community by promoting and improving the health status of women, infants, and children." The BWCH administers the federally funded Title V MCH Block Grant and Preventive Health and Health Services Block Grant, in addition to other federally funded, private, and state-supported programs.
- 2.3. This IGA was initiated in July 2020 and originally only included strategies and activities funded through the Title V MCH Block Grant. In July 2022, strategies and activities funded through the Preventive Health and Health Services Block Grant were added to the IGA.

MCH Healthy Arizona Families Program:

- 2.4. The MCH Health Arizona Families Program is funded through the Title V MCH Block Grant.
- 2.5. BWCH is responsible for the implementation of the Health Resources and Services Administration (HRSA) funded Title V MCH Block Grant. Established in 1935, in Title V of the Social Security Act, the goal of the Title V MCH Block grant is to improve the health and well-being of America's mothers, children, and families including children with special health care needs by supporting and promoting the development and coordination of systems of care for the MCH population, which are family-centered, community-based and culturally appropriate. The Title V MCH Block Grant has five (5) population domains which include: Women/Maternal Health, Perinatal/Infant Health, Child

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Health, Children with Special Health Care Needs, and Adolescent Health. The sixth (6th) domain addresses Cross-Cutting and Systems Building.

- 2.6. The Title V MCH Block Grant also requires that a five (5) year statewide needs assessment be conducted and submitted as one (1) of the grant deliverables. The purpose of the Title V MCH statewide needs assessment is to identify the priority health needs and issues of Arizona's maternal and child health populations through a collaborative and systematic data collection and analytic process with stakeholder input. This needs assessment process is guided by seven (7) overarching principles and values that include:
  - 2.6.1. Listen to those who are not traditionally involved in statewide assessments.
  - 2.6.2. Centering the margins.
  - 2.6.3. Partner with community members and individuals with lived experience.
  - 2.6.4. Honor and respect the work others have done to assess the needs of Arizonans.
  - 2.6.5. Assess the root causes of health inequities.
  - 2.6.6. Use a life course development approach to understand health issues.
  - 2.6.7. Take account of the impact on social determinants of health.
- 2.7. The Title V MCH Block Grant utilizes a [three-tiered national performance measure framework](#), based on an evaluation logic model framework, which includes National Outcome Measures (NOMs), National Performance Measures (NPMs), and state-initiated Evidence-based or -informed Strategy Measures (ESMs). The framework provides flexibility to a state in identifying the best combination of measures to address the MCH priority needs that were identified based on the findings of the [Five-Year Needs Assessment](#).
- 2.8. Key populations of interest for the MCH Healthy Arizona Families Program are infants; children and adolescents (inclusive of children and youth with special health care needs); and women of reproductive age.
- 2.9. The purpose of integrating family/young adult advisors is to create opportunities for the voices, wisdom, and experiences of individuals, families, and communities, who receive Title V services, to be included in the process and financially compensated for their time and effort dedicated to shaping grant-funded activities. The contributions of family and young adult advisors impact the design, delivery, and evaluation of programs and policies impacting systems of care in Arizona.

**3. OBJECTIVE**

The objective of this IGA is to leverage partnerships between ADHS and Local County Health Departments by providing Title V MCH Block Grant and 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, county health improvement plans (CHIPs) and 2025 Title V MCH Needs Assessment. This IGA is intended to provide flexibility to the Local County Health Department to meet the needs of local communities.

MCH Healthy Arizona Families Program:

- 3.1. Counties shall implement evidence-based/evidence-informed strategies at the local community level that:

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- 3.1.1. Promote and implement evidence-based or evidence-informed strategies that enhance preventive and primary care services for all pregnant women, mothers, and infants up to age one (1) for the Women/Maternal and Perinatal/Infant population domains.
- 3.1.2. Promote and implement evidence-based or evidence-informed strategies that enhance preventive and primary care services for Children's Health, Adolescent Health, and Children with Special Health Care Needs population domains.
- 3.1.3. Integrate family, young adult, and community engagement in any county-selected Title V-funded MCH Block Grant activities in conjunction with the ADHS Engaging Families and Young Adult Program.
- 3.1.4. Promote and implement evidence-based or evidence-informed strategies that enhance cross-cutting and system-building infrastructure.

**4. SCOPE OF SERVICE**

MCH Healthy Arizona Families Program:

- 4.1. Counties may select to implement strategies within population domains and/or in National Performance Measures.
  - 4.1.1. Population domains include:
    - 4.1.1.1. Women/Maternal Health – women ages eighteen (18) to forty-four (44), before, during, and beyond pregnancy; and across the life course.
    - 4.1.1.2. Perinatal/Infant Health – infants during the time surrounding childbirth, particularly three (3) months before and one (1) year after.
    - 4.1.1.3. Children's Health – children one (1) to ten (10) years of age.
    - 4.1.1.4. Adolescent Health – young people ages ten (10) to nineteen (19) years of age.
    - 4.1.1.5. Children/Youth with Special Health Care Needs – children/youth with a diverse range of needs ranging from behavioral and emotional conditions to chronic conditions, to more medically complex health issues.
    - 4.1.1.6. Cross-cutting and Systems Building - priority needs such as oral health, access to care, injury prevention, etc. that are related to program capacity and/or systems-building as they apply to all/any of the MCH population domains.
    - 4.1.1.7. Emerging Issues - projects and/or strategies that become prominent and are unique to a particular County, for example, reassignment of staff to address any public health emergency, conducting focus groups to determine how to improve services for children/youth with special health care needs, etc.
  - 4.1.2. The agency is required to address and report on two (2) Universal NPMs which include Postpartum Visits and Medical Homes. The agency then identifies and selects the remaining NPMs through the findings of a five (5) year maternal and child health needs assessment.
    - 4.1.2.1. Counties are required to select NPMs identified by the State through the findings of the most recent five (5) year maternal and child health needs assessment. The most recent assessment can be found on the [ADHS website](#).

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- 4.1.2.2. If strategies selected by the Counties do not align with the State selected NPMs listed above, BWCH in partnership with Counties will develop State Performance Measures (SPMs) as needed to measure priority needs that have not been addressed through the selected NPMs.
- 4.1.3. Counties shall elect to provide Family Planning Services which would qualify under the Women/Maternal Health population domain:
  - 4.1.3.1. Implement a clinic-based reproductive health program that enhances maternal and child health.
  - 4.1.3.2. Provide accessible, comprehensive education, screening, and contraceptive services to underserved individuals of reproductive age.
  - 4.1.3.3. Adhere to the [ADHS Family Planning Policy and Procedure Manual](#).
- 4.1.4. Counties shall elect to provide Oral Health education which would qualify under the Women/Maternal Health, Child Health, and/or Adolescent Health population domain:
  - 4.1.4.1. Implement education and awareness projects related to the importance of oral health within the community.
- 4.1.5. Counties shall implement family and/or young adult engagement opportunities into any of the selected Title V-funded activities. Engagement opportunities can include, but are not limited to: reviewing program materials, serving on committees or advisory councils, focus groups, task forces, listening sessions, or other evidence-based or evidence-informed strategies.
  - 4.1.5.1. Allocate MCH HAF grant funds or identify another funding source to compensate family and young adult advisors for time and effort dedicated to grant-related activities ([Exhibit 1: See Compensation Chart](#)).
  - 4.1.5.2. Implement a formalized agreement with family and/or young adult advisors to document partnership, hours, and compensation ([Exhibit 2: MCH HAF Family & Young Adult Advisor Agreement](#)).
  - 4.1.5.3. Counties shall engage with ADHS' Engaging Families and Young Adults Program (EFYAP) contractor to recruit, train, and/or coordinate the placement of advisor(s) in the identified county-level activity.
  - 4.1.5.4. Utilize the Activity Planner as needed to describe elements to plan and coordinate project details ([Attachment 3: Activity Planner](#)).
  - 4.1.5.5. The counties shall identify a mechanism and follow county procedures to ensure that the compensation of the advisor aligns with policies for providing stipends.
- 4.2. This IGA offers a variety of evidence-based and evidence-based informed strategies designed to promote and positively impact the health status and outcomes of the MCH population in Arizona. Contingent upon available funding, Local County Health Departments are expected to implement at multiple levels, in accordance with local community needs, infrastructure activities that integrate and build on each other to optimize the health improvements of the community. Counties have the option to select from a menu of evidence-based/evidence-informed strategies ([Exhibit B](#)) or to propose their own evidence-based/evidence-informed strategies that are identified as a need in their communities.
- 4.3. In addition, Skill Sets in each of the NPMs support implementation and further assist with thinking not only about evidence and strategies to make change but also the capacity of the workforce to carry out activities ([Exhibit B](#)).

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4.4. Where applicable, strategies shall be inclusive of children with special health care needs. Though counties are not required to implement strategies to specifically target this population, strategies designed for children, adolescents, and families assume an integrated approach that includes this population.

**5. REQUIREMENTS**

- 5.1. Comply with all federal reporting requirements.
- 5.2. Comply with the State of Arizona Accounting Manual (SAAM).
- 5.3. Counties implementing Family Planning Programs with MCH Healthy Arizona Families Program funding shall abide by all standards and protocols outlined in the [Family Planning Policies & Procedures Manual](#).
- 5.4. 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](#).

**6. FUNDING RESTRICTIONS**

- 6.1. Funds cannot be used for any of the following:
  - 6.1.1. 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.
  - 6.1.2. 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.
  - 6.1.3. Cash payments to intended service recipients of health services.
  - 6.1.4. 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 DHHS.
  - 6.1.5. Satisfying any requirements for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.
  - 6.1.6. Providing funds for research or training to any entity other than a public or non-profit private entity.
  - 6.1.7. Payment for any item of service (other than an emergency item or service) furnished -
    - 6.1.7.1. 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).
    - 6.1.7.2. At the medical director on the prescription of a physician 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).

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**7. TASKS**

7.1. The Local County Health Department Contractor shall for the overall IGA:

- 7.1.1. Develop and submit a separate Annual Budget Workbook for each program (Title V and Public Health Improvement), 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 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.
- 7.1.4. Identify at minimum one (1) family or young adult advisor to include in at least one (1) of the Title V-funded activities.
- 7.1.5. Submit the MCH HAF Family & Young Adult Advisor Agreement to the ADHS Block Grants Program Manager within 180 days of contract execution that outlines the agreement between the program and advisor. The agreement includes the following:
  - 7.1.5.1. How they will compensate a Family and/or Young Adult Advisor.
  - 7.1.5.2. Promote, strengthen, and enhance Family and Young Adult engagement in systems-level initiatives.
  - 7.1.5.3. Ensure that the voices of individuals, families, and communities who receive services are included in the creation of the policies and procedures that govern those services.
  - 7.1.5.4. Establish protocols around communication and check-in with an assigned direct contact or supervisor, to ensure that Family and Young Adult Advisors know who to connect with about which components of their service, and how to connect with that person or persons.
  - 7.1.5.5. Ensure that Family and Young Adult Advisors have the relevant knowledge and support they need to participate and contribute to their maximum potential, including access to equipment and resources necessary to perform their duties, similar to that which would be assigned to an employee.
  - 7.1.5.6. Develop a mechanism for compensating Family and Young Adult Advisors for their time, expertise, and/or other costs they incur.
  - 7.1.5.7. Provide mentoring and support to ensure Family and Young Adult Advisors understand their partnership role and are prepared to participate as fully as possible.
  - 7.1.5.8. Provide skill-building opportunities for Family and Young Adult Advisors who participate in system-level initiatives.
  - 7.1.5.9. Prepare and send information, agendas, and materials in advance of all activities, so all participants know what to expect and have an opportunity to review and prepare.
  - 7.1.5.10. Ensure meeting materials are written in plain language and are culturally and linguistically appropriate for all participants.

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7.1.6. 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.

7.1.6.1. Performance measures and evaluations allow the counties and ADHS to collaboratively track progress, process indicators, outcome measures, and impacts. As part of the local evaluation plan, the counties will be responsible for measuring the short-term, and intermediate outcomes. Monitoring progress on short-term outcomes provides an opportunity for the counties 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.

7.1.6.2. ADHS will provide technical support to counties on selecting the appropriate indicators to measure processes and outcomes as they align with the most recent Title V MCH Priorities and Performance Metrics for the MCH Healthy Arizona Families Program and as they align with the 2021-2025 AzHIP priorities.

7.2. Complete tagging and inventory of equipment in compliance with the policy in the [State of Arizona Accounting Manual](#).

7.2.1. Submit documents to the ADHS Block Grants Program Manager pertaining to the asset, i.e., receiving papers, invoices, purchase orders, receipts, etc.

7.2.2. Documents shall include the make, model, serial number, and acquisition date of the asset.

7.3. Food purchases are allowed within guidelines for federally funded programs. Contractor shall submit a Request for Food form ([Attachment E](#)) to the ADHS Block Grants Program Manager when needing to purchase food for the MCH and/or PHI Program.

7.3.1. 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.

7.3.2. Total food purchased throughout a fiscal year cannot exceed 3% of the total annual program budget.

7.3.3. 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 \(SAAM\)](#).

7.3.4. The food provided must be healthy items. Please see the [ADHS Healthy Meeting Policy](#) for further guidance on nutritional guidelines for events/meetings.

7.3.4.1. 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.

7.3.4.2. 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.

7.3.4.3. 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.

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

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

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

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

7.3.6.2. Is an integral part of the function.

7.3.6.3. Benefits the community.

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

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

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

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

7.5. County program staff implementing strategies in this IGA will be required to participate in quarterly MCH HAF IGA contractor meetings and;

7.5.1. Participate in all calls (monthly, bi-monthly, quarterly), technical assistance calls, webinars, meetings, and training as identified.

**8. STATE PROVIDED ITEMS**

8.1. ADHS will provide:

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

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

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

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

8.1.5. A Quarterly Reporting template upon execution of the contract.

8.1.6. The Annual Action Plan template upon execution of the contract.

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

8.1.8. Outcome Measures and examples of process, or intermediate performance measures, as needed.

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- 8.1.9. 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.
- 8.1.10. Coordinate and conduct annual Contractor site visits.
- 8.1.11. Technical assistance and resources to support counties and family advisors associated with the Engaging Families and Young Adult Program.
- 8.1.12. Exhibit A – [Maternal and Child Health National Performance Measures Framework](#).
- 8.1.13. Exhibit B – [Evidence-Based and Evidence-Informed Strategies for MCH Domains](#).
- 8.1.14. Attachment C – [Contractor Expenditure Report \(CER\)](#).
- 8.1.15. Exhibit D – [Supporting Documentation of Expenses](#).
- 8.1.16. Attachment E – [Line Item Budget Move Request](#).
- 8.1.17. Attachment F – [Request for Purchase of Food](#).
- 8.1.18. Attachment G – [Emerging Issues Approval Process](#)
- 8.1.19. Exhibit **One** (1): [Compensation Chart](#).
- 8.1.20. Exhibit **Two** (2): [MCH HAF Family & Young Adult Advisor Agreement](#).
- 8.1.21. Attachment 3: [Activity Planner](#).
- 8.1.22. **Exhibit Three (3): 2 CFR 200.332 Maternal & Child Health Services**
- 8.2. The following are due upon execution of the contract:
  - 8.2.1. Action Plan Template.
  - 8.2.2. Quarterly Report Template.
  - 8.2.3. Contractor Expenditure Report (CER) template.
  - 8.2.4. Budget Workbook Template.

**9. APPROVALS**

- 9.1. The quarterly reports, annual action plans, annual budget workbook, and monthly CERs 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.
- 9.2. 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.
- 9.3. Any requests to provide additional information on quarterly reports will require resubmission of the report for ADHS review and approval prior to payment reimbursement.

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- 9.4. Purchases of Capital Equipment (single item purchase of \$5,000 or more) will require approval prior to purchasing.
- 9.5. 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.
- 9.6. 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.
- 9.7. Any evaluation or study to be conducted that involves human subjects must be approved by ADHS prior to conducting.
- 9.8. Request approval in writing to the ADHS Block Grants Program Manager for purchases of single items of capital equipment at or above the purchase price of five thousand dollars (\$5,000.00).
  - 9.8.1. Requests can be made via email and shall include the following information:
    - 9.8.2. Type of equipment requesting to be purchased
    - 9.8.3. Cost of equipment.
    - 9.8.4. How does the proposed purchase support the currently approved scope of work and annual action plan.
- 9.9. Requests to waive participation in the ADHS Family and Young Adult Engagement Program must be submitted to the ADHS Block Grants Program Manager for review and approval. The request should include a brief description documenting the need to waive participation and be sent via email to the program manager.

**10. DELIVERABLES**

- 10.1. Annual Action Plan within the first forty-five (45) days of each budget period.
- 10.2. Submit a monthly Contractor Expenditure Report (CER) to ADHS, due thirty (30) days following each month of services.
  - 10.2.1. The Contractor must 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.
  - 10.2.2. 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.
  - 10.2.3. Upon request from ADHS, all receipts supporting expenses billed for a selected CER shall be submitted for review.
- 10.3. Written Quarterly Reports, due thirty (30) days after each quarter end (Q1: July — September; Q2: October — December; Q3: January — March; and Q4: April — June).
- 10.4. A final CER invoice no later than forty-five (45) days following the end of each contract year.

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- 10.5. Annual Budget Workbook due by January 15th, for the next year's fiscal period.
- 10.6. MCH Healthy Arizona Families Program **ONLY**: Family Planning Programs funded through this IGA shall submit monthly data, by the fifteenth (15th) of each month, into the Title V Family Planning Database as outlined in the policies and procedures manual.
- 10.7. 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:
  - 10.7.1. Name, title, email address, and phone numbers.
  - 10.7.2. Staff Resumes.
  - 10.7.3. Program area assigned.
- 10.8. 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 10.7.
- 10.9. Request to transfer budget amounts between line items must be submitted to the ADHS Block Grants Program Manager utilizing the "[budget line item move](#)" document.
  - 10.9.1. Any budget transfers exceeding ten percent (10%) of the total annual budget or to a non-funded line item, will require a revised budget to be submitted to the ADHS Block Grants Program Manager and an IGA amendment issued by ADHS Procurement.
- 10.10. 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.

**11. NOTICES, CORRESPONDENCE, AND REPORTS**

- 11.1. 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. 18<sup>th</sup> Avenue, Ste. 310  
 Phoenix, AZ 85007-3242  
 Email: [yahaira.romero@azdhs.gov](mailto:yahaira.romero@azdhs.gov)  
 Phone: (480) 828-4729

- 11.2. 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  
 Health Director  
 130 W. Congress, 3<sup>rd</sup> Floor  
 Tucson, AZ 85701  
 Email: [Theresa.cullen@pima.gov](mailto:Theresa.cullen@pima.gov)  
 Phone: (520) 724-7765

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**PRICE SHEET**

**Budget Period: July 1 – June 30**

**Program: MCH Healthy Arizona Families**

Federal Funding: Title V Maternal and Child Health Services Block Grant

Cost Reimbursement Contract Annual Price Sheet	
ACCOUNT CLASSIFICATION	LINE-ITEM TOTALS
SALARIES AND WAGES*	\$124,260.00
EMPLOYEE RELATED EXPENSES*	\$39,438.00
TRAVEL*	\$5,434.00
PROFESSIONAL & OUTSIDE SERVICES*	\$3,000.00
CAPITAL EXPENSES	\$0.00
OTHER OPERATING EXPENSES*	\$28,510.00
INDIRECT COSTS* (15%)	\$30,096.00
<b>Total Annual not to exceed:</b>	<b>\$230,738.00</b>
If applicable, the Contractor is authorized to transfer up to a maximum of <b>ten percent (10%)</b> of the total budget amount between line items with written approval from an ADHS program representative.  Transfers exceeding <b>ten percent (10%)</b> or to a non-funded line item shall require an Agreement Amendment.  *Indicated indirect rate calculation	

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**Exhibit Three (3) - 2 CFR 200.332  
Maternal & Child Health Services**

**Prime Awardee:** Arizona Department of Health Services  
**UEI#** QMWUG1AMYF65

Subrecipient name (which must match the name associated with its unique entity identifier): Pima County Health Department

Subrecipient's unique entity identifier (UEI #): U8XUY58VDQS3

Federal Award Identification Number (FAIN, sometimes it's the same as the Grant Number): B0455421

Federal Award Date: 03/10/2026

Sub-recipient/Subaward Period of Performance Start and End Date; 10/01/2025-09/30/2027

Sub-recipient/Subaward Budget Period Start and End Date: 10/01/2025-09/30/2027

Amount of Federal Funds Obligated in the subaward: \$135,539.21

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): \$230,738.00

Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA) Maternal & Child Health Services

Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity Human Resources & Services Administration (HRSA)

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	Contract No.: CTR076966	IGA Amendment No: One (1)	Procurement Officer: <b>Viridiana Cruz Morales</b>

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:

93.994

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%

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**Exhibit Three (3) - 2 CFR 200.332  
Maternal & Child Health Services**

**Prime Awardee:** Arizona Department of Health Services  
**UEI#** QMWUG1AMYF65

Subrecipient name (which must match the name associated with its unique entity identifier): Pima County Health Department

Subrecipient's unique entity identifier (UEI #): U8XUY58VDQS3

Federal Award Identification Number (FAIN, sometimes it's the same as the Grant Number): TBD

Federal Award Date: TBD

Sub-recipient/Subaward Period of Performance Start and End Date; TBD

Sub-recipient/Subaward Budget Period Start and End Date: TBD

Amount of Federal Funds Obligated in the subaward: \$95,198.79

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): \$230,738.00

Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA) Maternal & Child Health Services

	<b>INTERGOVERNMENTAL AGREEMENT (IGA)</b> <b>Amendment</b>		<b>ARIZONA DEPARTMENT OF HEALTH SERVICES</b> <b>OFFICE OF PROCUREMENT</b> 150 N. 18 <sup>th</sup> Ave., Suite 530 Phoenix, Arizona 85007
	Contract No.: CTR076966	IGA Amendment No: One (1)	Procurement Officer: <b>Viridiana Cruz Morales</b>

Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity

Human Resources & Services Administration (HRSA)

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:

93.994

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%