



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

**\*Project Title/Description:**

Health Start Program

**\*Purpose:**

This FY 2025 amendment increases salary and ERE for the Health Start program, a home visitation program that provides education and community resources for pregnant women and families with young children. The budget will be increased by \$19,913 for a total of \$221,773. The starting salary for the community health workers will change from a grade 2 to a grade 4 (public health program specialist).

**\*Procurement Method:**

The grant amendment was reviewed and signed by PCAO.

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

Program goals include:

- Increase prenatal care services to pregnant women;
- Reduce the incidence of infants who at birth weigh less than 1,500 grams (3 lbs 4 oz) and who require more than seventy-two hours of neonatal intensive care;
- Educate families on the importance of good nutritional habits to improve the overall health of their children; the need for developmental assessments to promote the early identification of learning disabilities, physical handicaps or behavioral health needs; the benefits of preventative health care; and the need for screening examinations such as hearing and vision.

**\*Public Benefit:**

Low birth weight babies are 40 times more likely to die in the first month of life, and are at greater risk for long-term health and developmental problems. Babies born to women with no prenatal care are 16 times more likely to die in the first month of life than babies of women who had more than five prenatal visits.

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

- Number of enrolled women that receive early and regular prenatal care
- Number of low birth weight and very low birth weight infants born to enrolled clients
- Gestational age of infants born to enrolled women

**\*Retroactive:**

No.

*6/11/24 approved  
[Signature]  
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): 24-068
Commencement Date: 07/06/2024 Termination Date: 07/05/2025 Amendment Number: 05

Match Amount: \$ \_\_\_\_\_ Revenue Amount: \$ 221,773.00

\*All Funding Source(s) required: Proposition 203, State lottery funds

\*Match funding from General Fund? Yes No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

\*Match funding from other sources? Yes No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

\*Funding Source: N/A

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

N/A

Contact: Sharon Grant

Department: Health

Telephone: 724-7842

Department Director Signature: [Signature] Date: 4-15-24

Deputy County Administrator Signature: [Signature] Date: 6 May 2024

County Administrator Signature: [Signature] Date: 5/6/2024



# CONTRACT AMENDMENT

ARIZONA DEPARTMENT OF  
HEALTH SERVICES  
OFFICE OF PROCUREMENT  
150 N 18<sup>th</sup> Ave., Ste. #530  
Phoenix, Arizona 85007

CONTRACT NO.: CTR050602

AMENDMENT NO.: Five (5)

PROCUREMENT OFFICER  
Ryan Garcia

## HEALTH START PROGRAM

Effective upon signature by both parties, it is mutually agreed that the Contract referenced in this Amendment Five (5) is amended as follows:

1. Pursuant to the Special Terms and Conditions, Provision Three (3), Contract Extensions Five (5) Year Maximum, the Contract is extended for the fourth (4th) year through July 5, 2025.

ALL OTHER PROVISIONS SHALL REMAIN IN THEIR ENTIRETY

Contractor hereby acknowledges receipt and acceptance of above amendment and that a signed copy must be filed with the Procurement Office before the effective date

The above referenced Contract Amendment is hereby executed this \_\_\_ day of \_\_\_\_\_ 20\_\_\_ at Phoenix, Arizona

(To be filled out by Procurement Office)

Contractor Signature

Contractor Signature Date

Authorized Signatory's Name and Title

Pima County Health Department

Contractor's Name

Procurement Officer Signature

REVIEWED BY:

[Signature]  
Appointing Authority or Designee  
Pima County Health Department

APPROVED AS TO FORM:

[Signature] 4/12/24  
Deputy County Attorney

Price Sheet

ACCOUNT CLASSIFICATION	AMOUNT
Personnel	\$145,325.00
ERE	\$39,237.00
Professional and Outside Services	\$1,000.00
Travel Expenses (In-State)	\$10,350.00
Out of State Travel	\$0.00
Occupancy	\$0.00
Other Operating	\$5,700.00
Capital Outlay	\$0.00
Indirect (if Authorized)	\$20,161.00
Other	\$0.00
<b>TOTAL Annual Amount Not to Exceed</b>	<b>\$221,773.00</b>

With prior written approval from the Program Manager, the Contractor is authorized to transfer up to a maximum of ten percent (10%) of the total budget amount between funded line items. Transfers of funds are only allowed between funded line items. Transfers exceeding ten percent (10%) or to a non-funded line item shall require an amendment.

Authorization for purchase of services under this Contract shall be made only upon ADHS issuance of a Purchase Order that is signed by an authorized agent. The Purchase Order will indicate the Contract number and the dollar amount of funds authorized. The Contractor shall only be authorized to perform services up to the amount on the Purchase Order. ADHS shall not have any legal obligation to pay for services in excess of the amount indicated on the Purchase Order. No further obligation for payment shall exist on behalf of ADHS unless a.) the Purchase Order is modified with an official ADHS Procurement Change Order, and/or b.) an additional Purchase Order is issued for purchase of services under this Contract.