

Executive Summary Form

Agenda Number:

(WIC—FMNP)

Recommendation:

This is to request your approval of IGA #HG050274 Amendment 1, WIC Services-- Farmer's Market Nutrition Program (FMNP), between the Arizona Department of Health Services and the Cochise County Health Department in the amount of \$787.50, for the period of 10/1/10 – 9/30/11.

Background (Brief):

The WIC Program is a supplemental nutrition program for income-eligible women, infants, and children. The Program provides clients with nutrition education and referrals to social services within the County. The Program also provides food vouchers to clients for a variety of staple foods, including: juice, milk, eggs, peanut butter, and beans.

The Farmers Market Nutrition Program is intended to increase consumption of locally grown fresh fruits and vegetables by providing FMNP checks to a limited number of WIC women and children to purchase these items directly from growers at ADHS-approved farmers' market.

Amendment 1 provides \$787.50 of funding to issue FMNP checks to 630 WIC participants. Due to funding, FMNP Services Price Sheet shall be changed from a cost reimbursement configuration to fixed price. The price sheet change removes all cost reimbursement categories and is replaced with a unit rate for each FMNP check issued, for the assigned number of participants.

Fiscal Impact & Funding Sources:

The WIC-FMNP program will now be a fixed price grant . The total net county subsidy for the contract is \$272, calculated as follows:

<u>Grant</u>	<u>Amount</u>	<u>Salary+ EREs</u>	<u>Negotiated Overhead</u>	<u>A-87 OH @34.55%</u>	<u>Net Co. Subsidy</u>
FMNP	\$787.50	\$787.50	None Auth.	\$272	\$272

Next Steps/Action Items/Follow-up:

Your approvals are respectfully requested.

Impact of Not Approving:

Not approving Amendment 1 will result in the return of \$787.50 to ADHS. WIC Program participants will not be able to receive vouchers for locally-grown produce from Farmer's Markets around Cochise County.



COCHISE COUNTY HEALTH DEPARTMENT
REQUEST FOR GRANT APPROVAL

Department: Health Division: Prevention Svcs.

Type of Grant: ADHS Contract #HG050274, WIC, BFPC & FMNP Services

New: _____ Renewal: X Amendment: _____

Effective Date: 3/1/11 Expiration Date: 9/30/14

Source of Grant Funds: ADHS

Amount: \$ 736,783.50 Budgeted? Yes X Fund # 228 No _____

Disbursement of Funds:
 Start of Grant Date _____
 Reimbursement of Expenditures X
 Other (please specify) _____

Can funds be deposited into interest bearing accounts? Yes _____ No X
 If Yes, General Fund? Yes _____ No _____

Administrative fees or other direct revenues to County General Fund: \$ 0

County Match Required? Yes _____ \$ _____ General Fund: _____
 No X Other (specify): _____

In-kind match (if any): \$172,682 Net County Subsidy (A-87OH rate of 34.55% = \$215,270 – \$42,588 authorized OH)

Duration of grant funds: 10/1/10 – 9/30/11

Future County General Fund financial impact (if any): \$ _____
 Explain: _____

Overhead charges allowed by grant? Yes X No _____
(supply contract reference, statute or regulation prohibiting)

Additional personnel required. Yes _____ No X
(requires Human Resources position review and approval)

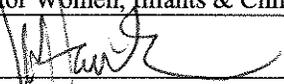
Additional space required? Yes _____ No X
If yes, how much? _____

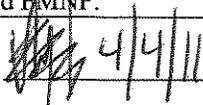
IT/Communications support required? Yes X No _____
 Telephones X
 Computers X
 Other (specify) _____

Other requirements/costs: _____

How will the County benefit from this funding? To provide the Arizona Special Supplemental Nutrition Program to Women Infants, and Children in Cochise County, in addition to Breastfeeding services and FMNP.

What will be the impact of not funding? Lack of any WIC Services, Arizona Special Supplemental Nutrition Program for Women, Infants & Children, in addition to Breastfeeding services and FMNP.


 Department Head Signature (required)

 4/4/11
 Date Signed



Division of Operations

Office of Procurement

1740 West Adams Street, Room 303
Phoenix, Arizona 85007-2670
(602) 542-1040
(602) 542-1741 Fax

JANICE K. BREWER, GOVERNOR
WILL HUMBLE, DIRECTOR

January 20, 2011

Cochise County Health Department
1415 West Melody Lane, Bldg. A
Bisbee, AZ 85603-3090
Attention: Ms. Vaira Harik

RE: ADHS Contract HG050274, Amendment One (1) for signature(s)

Dear Ms. Harik;

Enclosed please find two (2) copies of the referenced Amendment for review and signature(s).

If returning by mail, please sign and return the copies of the enclosed to my attention, at the address listed above. Or you may send scanned copies to johnsote@azdhs.gov. One (1) fully executed copy will be returned to your Organization, after signature by the Procurement Office.

If you have any questions, you may call me at 602-542-2928.

Sincerely,

A handwritten signature in black ink, appearing to read "Terri Johnson".

Terri Johnson
Procurement Officer

Enclosure

CC: Contract File



INTERGOVERNMENTAL AGREEMENT (IGA)
AMENDMENT

ARIZONA DEPARTMENT OF HEALTH SERVICES
1740 W. Adams, Room 303
Phoenix, Arizona 85007
(602) 542-1040
(602) 542-1741 Fax
Procurement Specialist
Terri Johnson

Contract No: HG050274

Amendment No. 1

WIC Services, BFPC, and FMNP

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

- 1. Replace Original Price Sheet, Page Twenty-Nine (29) of the above referenced Contract, with the revised Price Sheet in Amendment One (1), Page Two (2). The revised Price Sheet, effective March 1, 2011, reflects the inclusion of Farmer's Market Nutrition Program (FMNP) Services.
a. Due to funding, FMNP Services Price Sheet shall be changed from a cost reimbursement configuration to fixed price. The price sheet change removes all cost reimbursement categories and is replaced with a unit rate for each FMNP check issued, for the assigned number of participants.
2. Terms and Conditions, Page Eleven (11), Provision Fifteen (15). Fingerprint and Certification Requirements/Juvenile Services shall be removed from this Contract.
3. Terms and Conditions, Page Four (4), Provision 4.4, Non-Discrimination, the reference to the State Executive Order No. 99-4, shall be changed to State Executive Order No. 09-09.

All other provisions shall remain unchanged.

Cochise County Health and Social Services

Contractor Name
1415 W. Melody Lane, Bldg A

Address
Bisbee AZ 85603

City State Zip

CONTRACTOR SIGNATURE

In accordance with A.R.S. 35-391.06 and A.R.S. 35-393.06, the Contractor hereby certifies that the Contractor does not have scrutinized business operations in Sudan or Iran.

Contractor Authorized Signature

Printed Name

Title

CONTRACTOR ATTORNEY SIGNATURE

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 the State of Arizona.

Signature Date

Printed Name

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

Signed this ___ day of ___ 2011

Procurement Officer

Attorney General Contract No. PIGA2011000344, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney General, 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

Printed Name: Ronald E. Johnson

RESERVED FOR USE BY THE SECRETARY OF STATE

UNDER HOUSE BILL 2011, A.R.S. 11-952, WAS AMENDED TO REMOVE THE REQUIREMENT THAT INTERGOVERNMENTAL AGREEMENTS BE FILED WITH THE SECRETARY OF STATE.



**INTERGOVERNMENTAL AGREEMENT
(IGA) AMENDMENT**

**ARIZONA DEPARTMENT OF
HEALTH SERVICES**
1740 W. Adams, Room 303
Phoenix, Arizona 85007
(602) 542-1040
(602) 542-1741 Fax
Procurement Specialist
Terri Johnson

Contract No: HG050274

Amendment No. 1

PRICE SHEET

Effective October 1, 2010

Account Classification	Amount
Personnel	\$423,526.00
Employee Related Expenses	\$155,176.00
Professional & Outside Services	\$1.00
Travel Expense	\$29,744.00
Occupancy Expenses	\$1.00
Other Operating Expenses	\$22,442.00
Capital Expenditures	\$1.00
Indirect Cost	\$40,509.00
Total	\$671,400.00

Breastfeeding Peer Counseling Services

Account Classification	Amount
Personnel	\$31,620.00
Employee Related Expenses	\$11,960.00
Professional & Outside Services	\$1.00
Travel Expense	\$10,541.00
Occupancy Expenses	\$1.00
Other Operating Expenses	\$8,393.00
Capital Expenditures	\$1.00
Indirect Costs	\$2,079.00
Total	\$64,596.00

**Farmer's Market Nutrition Program Services
Effective March 1, 2011**

Type of Service	Unit Rate	Unit of Measure	Number of Participants	Total
WIC FMNP Check Issuance	\$1 25	WIC Participant	630	\$787.50

	INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT		ARIZONA DEPARTMENT OF HEALTH SERVICES 1740 W. Adams, Room 303 Phoenix, Arizona 85007 (602) 542-1040 (602) 542-1741 Fax
	Contract No: HG050274	Amendment No. 1	Procurement Specialist Terri Johnson

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.