

COCHISE COUNTY GRANT APPROVAL FORM

Form Initiator: Jennifer Steiger Department/Division: Health/NCHS
 Date Prepared: 6/7/11 Telephone: 520-432-9402
 Grantor: ADHS Grant Title: Immunization Program, HG854282
 Grant Term From: 1/1/11 To: 12/31/11
 Fund No/Dept. No: 243-5000-5211 Note: Fund No. will be assigned by the Finance Department if new.
 New Grant Yes No Amendment No. _____ Increase \$ _____ Decrease \$ _____

Briefly describe purpose of grant:

Our services, which are free for all children, include: immunizing children against vaccine preventable diseases during the course of their childhood, maintaining their vaccination records in accordance with state and national requirements, and assisting school age children with required vaccinations in order to meet school registration and advancement requirements. The Public Health Nurses at all five Health Department locations conduct regular clinics weekly (which are heavily attended), in addition to monthly evening clinics, year +

If amendment, provide reason:

n/a, PO only

If this is a mandated service, cite source. If not mandated, cite indications of local customer support for this service:

Funding Sources	Federal Funds 332.100	State Funds 336.100	County Funds 391.000	Other	Total
Current Fiscal Year		86,273			86,273
Remaining Years					
Total Revenue		86,273			86,273

Is County match required? Yes No If yes, dollar amount \$ _____

Has this amount been budgeted? Yes No Identify Funding Source: ADHS

Federal Catalog of Federal Domestic Assistance (CFDA) No: _____

Method of collecting grant funds: Lump sum payment Quarterly payments Draw Reimbursement

Is reversion of unexpended funds required at end of grant period? Yes No

a) Total A-87 cost allocation \$34,315

b) Amount of overhead allowed by grant \$4,314 County subsidy (a-b) \$30,001

Does Grantor accept indirect costs as an allowable expenditure? Yes No

If yes, dollar amount \$ \$4,314 OR percentage allowed 5%

Number of new positions that will be funded from grant: n/a Number of existing positions funded from grant: 7

Recommendation:

Approval of Purchase Order #E1H38381, for IGA# HG854282, Immunization Program, between the Arizona Department of Health Services and the Cochise County Health Department, in the initial amount of \$17,335 for the period of 1/1/11 – 12/31/11.

Background (Brief):

The Health Department has received funds for its Immunization Program since 1993 to deliver immunization services to County residents. The State provides the vaccine to us free of charge. The grant funds pay for management, staffing, and operating costs of this program.

Our services, which are free for all children, include: immunizing children against vaccine preventable diseases during the course of their childhood, maintaining their vaccination records in accordance with state and national requirements, and assisting school age children with required vaccinations in order to meet school registration and advancement requirements. The Public Health Nurses at all five Health Department locations conduct regular clinics weekly (which are heavily attended), in addition to monthly evening clinics, year round.

The most recent IGA Amendment provided a price sheet which denotes reimbursement rates per visit. The total expected amount available for payment during this grant year (\$86,273) has not changed. This purchase order denotes the initial amount payable (\$17,335). The state has notified our program that the remaining expected funds will be available to counties after the state's budget process has been completed and before the end of the contract period.

Fiscal Impact & Funding Sources:

This is a grant funded, fixed-price program through the Arizona Department of Health Services in the anticipated amount of \$86,273. The net county subsidy is \$30,001, as follows:

A-87 overhead at 34.55%	=	\$34,315 (based on budgeted salaries/EREs of \$99,320)
5% small grant OH	=	<u>\$ 4,314</u> (based on total grant amount of \$86,273)
Net county subsidy	=	\$30,001

Next Steps/Action Items/Follow-Up:

Your approvals are respectfully requested.

Impact of Not Approving:

Cessation of the Immunization Program for Cochise County children.

PURCHASE ORDER

NO.: **E1H38381**

REQUISITION DETAIL	BUYER / CMS	AZ CONTRACT NO.	VENDOR NO.	ORD CODE	DATE
EDC57756-000 125	CYNTHIA SULLIVAN 602-542-2934 MYRA SALINAS	HG854282 - 0	18660003980 013	1	02/16/2011

VENDOR

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■ VENDOR

COCHISE CNTY HEALTH DEPARTMENT
 1415 W MELODY LANE
 AND SOCIAL SERVICES
 BISBEE, AZ 85603

■ SHIP TO: 125

ARIZONA DEPARTMENT OF HEALTH SERVICES
 BUREAU OF EPIDEMIOLOGY & DISEASE CONTROL
 ARIZONA IMMUNIZATION PROGRAM
 150 N. 18TH AVE., STE 120
 PHOENIX, AZ 85007

LINE	QTY	UNIT	COMMODITY	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
1	1	YR		IMMUNIZATION PROGRAM CONTRACT HG854282 TERM 1/1/08-12/31/12 PO PERIOD 1/1/11-12/31/11 ENCUMBER IN FULL	\$17,335.0000	\$17,335.00

22 FEB 2011 11:58

BILL TO: 156
 ARIZONA DEPARTMENT OF HEALTH SERVICES
 DIVISION BUSINESS & FINANCIAL SVCS
 ACCOUNTING, ROOM 302
 1740 W. ADAMS ST.
 PHOENIX, AZ 85007

Delivery Terms:
 Payment Terms: NET 30
 FOB: Destination

Cynthia Sullivan
 AUTHORIZED AGENT SIGNATURE AND DATE

Sub Total ➔ \$17,335.00
 Sales Tax ➔ \$0.00
 Freight ➔ \$0.00
 TOTAL ➔ \$17,335.00

ENCUMBRANCE DISTRIBUTION

Encumbrance Number	Line	AY	Index	PCA	Comp Obj	AMOUNT
PO Number						
E1H38381	1	2011	99186	54000	6811	\$17,335.00
TOTAL						\$17,335.00

BATCH NO.: 02162011-H 95

CFDA INFORMATION

CONTRACTOR shall comply with the REQUIREMENTS of OMB CIRCULAR A133. Please refer, http://12.46.245.173/pls/portal30/CATALOG.AGY_PROGRAM_LIST_RPT.show - for grant restrictions

CFDA #	CFDA AM	CFDA GRANT NAME	RELATIONSHIP
93.268	\$17,335.00	IMMUNIZATIONS AND VACCINES FOR CHILDREN	SUB RECIPIENT

Vendor Notes: