

COCHISE COUNTY GRANT APPROVAL FORM

Form Initiator: JENNIFER STEIGER Department/Division: HEALTH/NCHS
 Date Prepared: 12/23/11 Telephone: 520-432-9402
 Grantor: ADHS Grant Title: Tuberculosis Control Program
 Grant Term From: 7/1/11 To: 6/30/12
 Fund No/Dept. No: 234 Note: Fund No. will be assigned by the Finance Department if new.
 New Grant Yes No Amendment No. 6 Increase \$ 6,500 Decrease \$ 0

Briefly describe purpose of grant:

CHSS has the responsibility to investigate and treat suspected and active cases of Tuberculosis in Cochise County. The ADHS supports the County's efforts by means of grant funding to pay for consulting physician services, necessary testing, and medication. Salaries may also be paid from these grant funds, which is currently done at 10% of one position.

If amendment, provide reason:

This amendment is intended to increase the grant funding from \$12,000 to \$18,500 for the FY11/12. This funding is intended to increase the travel, other operating, and radiograph amounts available to the grant.

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

Mandated by ADHS

Funding Sources	Federal Funds 332.100	State Funds 336.100	County Funds 391.000	Other	Total
Current Fiscal Year		\$18,500			\$18,500
Remaining Years					
Total Revenue		\$18,500			\$18,500

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 \$ 2,051

b) Amount of overhead allowed by grant 0 County subsidy (a-b) \$ 2,051

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

If yes, dollar amount \$ _____ OR percentage allowed _____ %

Number of new positions that will be funded from grant: 0 Number of existing positions funded from grant: 1

Executive Summary Form

Agenda Number: HLT-- (Tuberculosis Control Program)

Recommendation:

Approval of Amendment 6, IGA# HG854563, County Tuberculosis Control Program, between the Arizona Department of Health Services and the Cochise County Health Department, in the amount of \$18,500, for the period of 7/1/2011 to 06/30/2012.

Background (Brief):

The Health Department has the responsibility to investigate and treat suspected and active cases of Tuberculosis in Cochise County. The ADHS supports the County's efforts by means of grant funding to pay for consulting physician services, necessary testing, and medication. Salaries may also be paid from these grant funds, and the Health Dept. is paying 10% of the TB Coordinator's salary (\$3,169 + EREs).

The ADHS has funded this program for many years and the amounts of the grants have ebbed and flowed with the fortunes of the State's revenues.

Fiscal Impact & Funding Sources:

This is a grant-funded, cost-reimbursement program through the Arizona Department of Health Services in the amount of \$18,500.

Salary's & ERE's =	\$ 4,200
A-87 OH Rate @48.83% =	\$ 2051
OH Authorized =	\$ 0
Net County Subsidy =	\$ 2051

Next Steps/Action Items/Follow-up:

Your approvals are respectfully requested.

Impact of Not Approving:

Not approving this grant will cause the Health Dept. to rely on County General Funds to meet the mandatory requirements of TB case investigation and treatment in Cochise County.



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: HG854563

Amendment No 6

Procurement Specialist
Cindy Sullivan

Tuberculosis Control Program

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

- 1. The Price Sheet, Amendment Five (5), Page Five (5), is replaced by revised Price Sheet, Amendment Six (6), Page Two (2). The Price Sheet total increased \$6,250.00 for a total of \$18,500.00. The Line Item changes are as follows:
1.1 Travel Expenses increased \$1,250.00 to attend in-state TB training;
1.2 Other Operating increased \$4,094.00 to purchase incentive/enable cards to encourage completion of therapy for binational active TB cases; and
1.3 Other increased \$1,156.00 to cover the costs of chest radiographs at County clinic sites.

All other provisions of this agreement remain unchanged.

Cochise County Health Department

Contractor Name

1415 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.



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Error! Main Document Only. ARIZONA
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**PRICE SHEET
COCHISE COUNTY – TB CONTROL
COST REIMBURSEMENT - CONTRACT HG854563
Effective July 1, 2011**

Cost Reimbursement Category	Amount
a. PERSONAL SERVICES AND ERE	\$4,200.00
b. PROFESSIONAL AND OUTSIDE SERVICES	\$2,600.00
c. TRAVEL EXPENSES	\$3,750.00
d. OTHER OPERATING	\$6,793.00
e. CAPITAL OUTLAY EXPENSES	\$1.00
f. OTHER	\$1,156.00
TOTAL	\$18,500.00

Note: With prior approval from ADHS Program Manager, the Contractor is authorized to transfer up to a maximum of thirty-five percent (35%) of the total budget amount between line items. Transfers of funds are only allowed between funded line items. Transfers exceeding thirty-five percent (35%) percent or to a non-funded item shall require a Contract Amendment.