

COCHISE COUNTY GRANT APPROVAL FORM

Form Initiator: Date Prepared:
Point of Contact: Phone Number:
Department:

PRIMARY GRANT

Primary Grantor: CFDA:

Grant Title:

Grant Term From: To: Total Award Amount:

New Grant: Yes No

Grant No.:

Amendment No.:

Funding No.: If new, Finance will assign a funding number.

Strategic Plan: District: Mandated by Law? Yes No

Number of Positions Funded: Asset(s) Acquired:

Briefly describe the purpose of the grant.

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

PRIMARY FUNDING SOURCE:

Funding Year: Federal Funds 332.100

State Funds 336.100

County Funds 391.000

Other Funds:

Total Funds:

Funding Year: Federal Funds 332.100

State Funds 336.100

County Funds 391.000

Other Funds:

Total Funds:

Funding Year: Federal Funds 332.100

State Funds 336.100

County Funds 391.000

Total Revenue:

Has this amount been budgeted? Yes No

Method of collecting funds: Lump Sum Quarterly Draw Reimbursement

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

(a) Total A-87 Cost Allocation: (b) Amount of overhead allowed by grant:

County Subsidy (a) - (b):

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

If yes, dollar amount or percentage allowed:

Second Grantor: n/a

Grant Term From: To:

Secondary Award Amount:

Grant No.:

Amendment No.:

Funding Year: Federal Funds 332.100

State Funds 336.100

County Funds 391.000

Other Funds:

Funding Year: Federal Funds 332.100

State Funds 336.100

County Funds 391.000

Other Funds:

Total Revenue:

Has this amount been budgeted? Yes No

Method of collecting funds: Lump Sum Quarterly Draw Reimbursement

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

(a) Total A-87 Cost Allocation: (b) Amount of overhead allowed by grant:

County Subsidy (a) - (b):

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

If yes, dollar amount or percentage allowed:

Is County match required? Yes No

County Match Source:

County match dollar amount or percentage:

Signature: J. Steiger

Board Approval:

Date

Print Form

Submit by Email to Finance

Please e-mail completed form to Finance ldevore@cochise.az.gov.

NOTE: Once approved by the Board of Supervisors, the department is responsible for sending a copy of the fully executed grant document to the Finance Department

EXECUTIVE SUMMARY FORM

Agenda Number: HLT-- (Prop 201 – Smoke Free AZ – Cochise County)

Recommendation:

Approve PO# E0178691 for IGA# ADHS12-022007:3, Proposition 201 Smoke Free Arizona Act between the Arizona Department of Health Services (ADHS) and Cochise Health & Social Services (CHSS). The maximum billable amount under the Purchase Order is \$69,807 for the period of 7/1/14 – 6/30/15. The underlying IGA is for the five year period of 7/1/12 to 6/30/17.

Background (Brief):

With the passage of voter approved Proposition 201, CHSS continues to conduct education and compliance activities per this agreement since May 2007. The initial contract amount, \$91,250 has been revised downward by ADHS over successive years as tobacco tax revenues wane statewide and local responsibilities in implementing the Act have come into clearer focus.

Furthermore, Proposition 201 stipulates that all inspectors performing education and compliance activities attend smoke-free training once per year. Such training is provided by ADHS on an annual basis.

Fiscal Impact & Funding Sources:

Maximum billable amount for FY 2014/2015 remains the same as FY 2013/2014, \$ 69,807.00.

No fiscal impact to salaries or operations is foreseen.

Net County Subsidy of \$8,455 is calculated as follows:

Budgeted Salaries/EREs	26,880
A-87 Overhead at 44.44%	11,945
Collected Overhead at 5% Small-Grant Rate	<u>3,490</u>
Net County Subsidy	8,455

Next Steps/Action Items/Follow-up:

Your approvals are respectfully requested.

Impact of Not Approving:

Not approving this IGA renewal may cause the inability for the CHSS to collect the reimbursement for services rendered in a timely manner and could ultimately cause the revocation of the contract and associated funding.



ARIZONA STATE CONTRACT

CONTRACT RELEASE

ProcureAZ Purchase Order No.: ADHS12-022007:3
 Organizational Reference No.: E0178691
 Issued: 07/11/2014

R O D N I V	Vendor Number: 000015299 Cochise County Health Department 1415 Melody Lane Building A Bisbee, AZ 85603
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S H I P T O	Arizona Department of Health Services EDC - Office of Inspection and Compliance 150 N. 18th Avenue, Suite 130 Phoenix, AZ 85007 US Email: Harmony.duport@azdhs.gov (602) 364-3138
B I L L T O	MAIL INVOICE IN DUPLICATE TO: Arizona Department of Health Services EDC - Office of Inspection and Compliance 150 N. 18th Avenue, Suite 130 Phoenix, AZ 85007 US Email: Harmony.duport@azdhs.gov (602) 364-3138

Contract No.: ADHS12-022007
 Title: Prop 201 - 2015 Smoke Free - Cochise County

<p>Release Instructions</p> <p>TERMS AND CONDITIONS set forth in our Bid, Quotation, or Purchase Order are incorporated herein by reference and become a part of this order.</p>
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Account Code: 15-86507-55100-6811- -----				Payment Terms:		
Solicitation (Bid) No.:				Shipping Terms:		
				Delivery Calendar Day(s) A.R.O.: 0		
Item	Description	Requisition	Quantity	Unit	Unit Price	Total
1	Class-Item 952-20 Bureau of Epidemiology and Disease Control Office of Inspection and Compliance Prop 201 Smoke Free Arizona Contract # ADHS12-022007 through 6/30/17 Purchase Order period 7/1/14 - 6/30/15 Quarterly @ \$17,451.75 PO Total \$69,807 No CFDA Number		1.00	YR	\$ 69,807.00	\$ 69,807.00

TOTAL: \$ 69,807.00

Approved By: Nancy Flores
 Phone No.: (602) 364-3292