

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 revertment 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:

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:

See above for Net County Subsidy.

County match dollar amount or percentage:

\$3,239

Signature:

J. Steiger 1/13/15

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 (Tobacco & Chronic Disease Grant)

Recommendation:

Approve Amendment 1 to IGA: ADHS12-021252, Population Health Policy Initiative, between the Arizona Department of Health Services (ADHS) and Cochise Health and Social Services (CHSS) to extend the contract for three months through June 30, 2015 with additional incremental funding of \$12,296.

Background (Brief):

ADHS administers funds provided through tobacco tax chronic disease funding, Women Infants and Children (WIC) lottery, and Title V Maternal and Child Health (MCH) Block Grant to support preventive health policies. The Population Health Policy Initiative funds a three (3) year collaborative effort (2012-2015) at the County level that is intended to result in increased health policy capacity and implementation in the areas of procurement policies, worksite wellness, school health, clinical care and community design by promoting healthy lifestyles. Through this IGA, CHSS's Tobacco & Chronic Disease Prevention Program will focus on developing sustainable policy changes and strategies in worksite wellness and school health including:

- Establishing a Cochise County Worksite Wellness Policy
- Assisting the implementation of CDSMP Chronic Disease Self Management Program Healthy Living Workshops in worksites and organizations county-wide
- Assisting county-wide worksites to implement the Healthy Arizona Worksite Program
- Assisting county-wide worksites to implement Breastfeeding Friendly worksite policies

Fiscal Impact & Funding Sources:

This is a grant-funded, fixed-rate program through the Arizona Department of Health Services in the amount of \$61,480 for fifteen months. Incremental funding added with this three-month extension is \$12,296. ADHS allows for an indirect rate of 10% for this program at this time. This results in a net County subsidy of \$3,239, calculated as follows, for the three additional months:

Personnel:	\$10,966
County A-87 Rate @ 39.54%:	\$ 4,336
<u>ADHS Indirect @ 10%:</u>	<u>\$ 1,097</u>
Net County Subsidy:	\$ 3,239

Next Steps/Action Items/Follow-up: Your approvals are respectfully requested.

Impact of Not Approving:

Not approving this amendment would result in limiting the CHSS's Tobacco & Chronic Disease Prevention Program from expanding strategies for county-wide worksite wellness and school health into schools and worksites all over the county. This is the first policy-only initiative funded by ADHS in their effort to improve population health across the state. Without this full time position, the Cochise County population will not experience the health benefits that will result from sustainable policy change in a variety of schools and businesses throughout the 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
Procurement Specialist
Manuel Gonzales

Contract No: ADHS12-021252

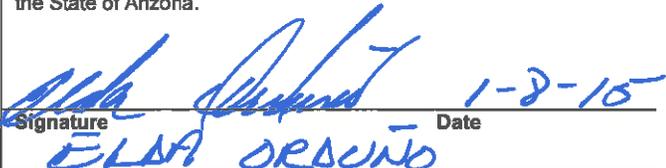
Amendment No. 1

Population Health Policy Initiative

It is mutually agreed that the Intergovernmental Agreement referenced is amended, effective upon final signature, as follows:

1. Pursuant to Terms and Conditions, Provision Four (4) Contract Administration and Operation 4.2, Contract Renewal, the Contract is hereby extended through June 30, 2015.
2. Replace Price Sheet of the original Agreement, with the revised Price Sheet Page Three (3), of this Amendment One (1).
3. Delete in its entirety, Terms and Conditions, Provision Four (4), item 4.12 Scrutinized Businesses In accordance with A.R.S. § 35-391 and A.R.S. § 35-393, Contractor certifies that the Contractor does not have scrutinized business operations in Sudan or Iran.

All other provisions of this agreement remain unchanged.

Cochise County Health & Social Services			CONTRACTOR SIGNATURE		
Contractor Name 1415 Melody Lane, Bldg A			Contractor Authorized Signature		
Address Bisbee Arizona 85603			Printed Name		
City	State	Zip	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.			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 _____ 2015		
 Signature _____ Date 1-2-15 ELVA ORDUÑO			Procurement Officer		
Attorney General Contract No. P002014000078, 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:					

	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: ADHS12-021252	Amendment No. 1	Procurement Specialist Manuel Gonzales

4. Pursuant to Terms and Conditions, Provision Eighteen (18), Health Insurance Portability and Accountability Act of 1996 (HIPAA) is revised with the following:

18. Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The Contractor warrants that it is familiar with the requirements of HIPAA, as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH Act) of 2009, and accompanying regulations and will comply with all applicable HIPAA requirements in the course of this Contract. Contractor warrants that it will cooperate with the Arizona Department of Health Services (ADHS) in the course of performance of the Contract so that both ADHS and Contractor will be in compliance with HIPAA, including cooperation and coordination with the Arizona Department of Administration-Arizona Strategic Enterprise Technology (ADOA-ASET) Office, the ADOA-ASET Arizona State Chief Information Security Officer and HIPAA Coordinator and other compliance officials required by HIPAA and its regulations. Contractor will sign any documents that are reasonably necessary to keep ADHS and Contractor in compliance with HIPAA, including, but not limited to, business associate agreements.

If requested by the ADHS Procurement Office, Contractor agrees to sign a "Pledge To Protect Confidential Information" and to abide by the statements addressing the creation, use and disclosure of confidential information, including information designated as protected health information and all other confidential or sensitive information as defined in policy. In addition, if requested, Contractor agrees to attend or participate in HIPAA training offered by ADHS or to provide written verification that the Contractor has attended or participated in job related HIPAA training that is: (1) intended to make the Contractor proficient in HIPAA for purposes of performing the services required and (2) presented by a HIPAA Privacy Officer or other person or program knowledgeable and experienced in HIPAA and who has been approved by the ADOA-ASET Arizona State Chief Information Security Officer and HIPAA Coordinator.

5. Revise and replace Scope of Work, Provision F, section one (1), Notices, Correspondence and Reports from the Contractor to ADHS shall be sent to:, with the following updated information:

1. Arizona Department of Health Services
 Bureau of Health Systems Development
 Attn: MPA Health Policy Program Manager
 150 N 18th Ave., Suite 300
 Phoenix, AZ 85007
 Telephone: (602)-364-0606
 Facsimile: (602)-542-2011
 Email: sherry.haskins@azdhs.gov

	INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT Price Sheet		ARIZONA DEPARTMENT OF HEALTH SERVICES 1740 W. Adams, Room 303 Phoenix, Arizona 85007 (602) 542-1040 (602) 542-1741 Fax
	Contract No: ADHS12-021252	Amendment No. 1	Procurement Specialist Manuel Gonzales

**Revised
Quarterly Fixed Price**

Account Classification	Number Per Budget Period	Unit Rate	Total Cost
School Health	5	\$6,148.00	\$30,740.00
Worksite Wellness	5	\$6,148.00	\$30,740.00
Total			\$61,480.00