

# 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 \_\_\_\_\_

Please e-mail completed form to Finance [cschneider@cochise.az.gov](mailto:cschneider@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-**

**Recommendation:**

Approve Amendment 1 to IGA# ADHS14-071556, STD Services, between the Arizona Department of Health Services and Cochise Health & Social Services, in the amount of \$15,405 for the period of 1/1/15 – 12/31/15.

**Background (Brief):**

Cochise Health & Social Services (CHSS) has received funds from the ADHS for many years to provide screening, laboratory testing, treatment, and follow-up for sexually transmitted diseases (STDs) primarily Gonorrhea, Chlamydia, and Syphilis. Through this contract CHSS is funded to ensure availability of STD care, treatment and services to our community.

These grant funds primarily subsidize the cost for the laboratory testing and treatment regimens for STDs. General Funded nursing staff provides these services based on a sliding fee schedule. The Nursing Division will continue to use ingenuity and fees collected in the provision of care as sources of funding to avoid an impact on the General Fund budget in order to continue providing these services. The CHSS Director will inform the Board, in advance, of the time when these fees are no longer adequate or the impact on General Funds becomes unsupportable.

This amendment is increasing funding for our program for a second year from \$12,298 to 15,405. The amendment makes revisions to the Purchase Order Item 6.1. Specifically, Price Sheet Lines 1.1, 1.2 and 1.3 are all increased, these include changes to funding levels of personnel services and employee related expenses; travel expenses, and other operating expenses.

**Fiscal Impact & Funding Sources:**

This is a grant-funded, cost reimbursement program from the Arizona Department of Health Services in the amount of \$15,405. Based on a twelve-month January - December funding cycle the aggregate grant amount is \$15,405 in FY 14/15.

The net county subsidy is calculated as follows (projected salaries/EREs are for the twelve-month funding cycle and reflect current staffing levels):

Grant Total	\$15,405
Budgeted Salaries/EREs	\$6,619
A-87 OH @ 39.54%	\$2,617
Authorized OH	\$0
Net County Subsidy	<u>\$2,617</u>

**Next Steps/Action Items/ Follow-up:**

Your approval is respectfully requested.

**Impact of Not Approving:**

Not approving this amendment would increase impact on General Funds, may cause the inability of CHSS to collect reimbursement for STD testing services from the ADHS; and could cause cessation of this important public health service to the community.



# INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT

**ARIZONA DEPARTMENT OF HEALTH SERVICES**  
 1740 West Adams, Room 303  
 Phoenix, Arizona 85007  
 (602) 542-1040  
 (602) 542-1741 FAX  
 Procurement Officer:  
**Delliah Gonzalez**

Contract No.: **ADHS14-071556**

Amendment No.: 1

## (STD) SEXUALLY TRANSMITTED DISEASE SERVICES

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

1. Pursuant to, Terms and Conditions, Provision Six (6), **Contract Changes**, Item 6.1, Amendments, Purchase Orders and Change Orders, the Price Sheet is hereby replaced with the revised Price Sheet in this Amendment one (1). The total revised Price Sheet increased from \$12,298.00 to \$15,405.00 due to the following line item changes:
  - 1.1 Personnel Services and Employee Related Expenses increased by \$258.00, from \$6,619.00 to \$6,877.00 due to increase in personnel costs.
  - 1.2 Travel increased by \$1,598.00, from \$2,079.00 to \$3,677.00, due to an increased need to facilitate care intervention and partner elicitation.
  - 1.3 Other Operating Expense increased by \$1,250.00, from \$3,600.00 to \$4,850.00, to allow for the purchase literature for training providers.

**ALL OTHER PROVISIONS OF THIS AGREEMENT REMAIN UNCHANGED.**

Contractor Name:

Authorized Signature

**COCHISE HEALTH AND SOCIAL SERVICES**

**1415 WEST MELODY LANE, BUILDING A**

Address:

Print Name

**BISBEE**

**ARIZONA**

**85603**

City

State

Zip

Title

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 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.

*[Handwritten Signature]*

*3/26/15*

Signature

Date

State of Arizona

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 2015.

*ELIA OLSON, DEPUTY COUNTY ATTORNEY*

Print Name

Title

Procurement Officer

Attorney General Contract No.: **P0012014000078**, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney, 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.

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.**

Signature

Date

Assistant Attorney General

Print Name

Title



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1740 West Adams, Room 303  
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Contract No.: **ADHS14-071556**

Amendment No.: **1**

Procurement Officer:  
**Delilah Gonzalez**

1.4 Capital Outlay Expense increased to \$1.00.



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**Delilah Gonzalez**

### REVISED PRICE SHEET

Effective THROUGH December 31, 2015

<b>COST REIMBURSEMENT LINE ITEMS</b>	<b>BUDGETED AMOUNT</b>
Personnel Services and Employee Related Expenses (ERE)	\$6,877.00
Professional & Outside Services	\$0.00
Professional & Outside Services: Temporary Data Entry Staff @ \$13.97 per hour	\$0.00
Travel	\$3,677.00
Occupancy Expense	\$0.00
Other Operating	\$4,850.00
Capital Outlay Expenses	\$1.00
Other	
<b>TOTAL</b>	<b>\$15,405.00</b>

