



# INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT

**ARIZONA DEPARTMENT OF  
HEALTH SERVICES**  
150 18<sup>th</sup> Avenue, Suite 260  
Phoenix, Arizona 85007  
(602) 542-1040 MAIN  
(602) 542-1741 FAX

**CONTRACT No.: ADHS14-053052**

**AMENDMENT No.: 4**

PROCUREMENT OFFICER  
**Jessica Canevari**

## WIC, BFPC AND FMNP SERVICES

**Effective October 1, 2017, it is mutually agreed that the Contract referenced is amended as follows:**

Pursuant to Terms and Conditions of the Agreement, Provision Six (6), Contract Changes, Item 6.1, Amendments, Purchase Orders and Change Orders, the following has been revised and replaced with the following;

1. The **WIC Price Sheet** in Amendment Three (3) is hereby replaced with the revised **WIC Price Sheet** of this Amendment Four (4). There was a reallocation between the line items but the budget total remains the same. The total budget amount for the **WIC Price Sheet remains: \$581,930.00.**
2. The **BFPC Price Sheet** in Amendment Two (2) is hereby replaced with the revised **BFPC Price Sheet** of this Amendment Four (4). There was a reallocation between the line items but the budget total remains the same. The total budget amount for the **BFPC Price Sheet remains: \$48,500.00.**
3. In ProcureAZ the "Items" Tab of the Master Blanket Purchase Order will be revised to reflect the pricing upon execution of this Amendment Four (4).

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### COCHISE HEALTH AND SOCIAL SERVICES

**Contractor Name**

**1415 WEST MELODY LANE, BUILDING A**

**Address**

**BISBEE AZ 85602-3090**

**City State Zip**

### CONTRACTOR SIGNATURE

**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 \_\_\_\_\_ 20\_\_**

**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 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:**

	<b>INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT</b>		<b>ARIZONA DEPARTMENT OF HEALTH SERVICES</b> 150 18 <sup>th</sup> Avenue, Suite 260 Phoenix, Arizona 85007 (602) 542-1040 MAIN (602) 542-1741 FAX
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**REVISED PRICE SHEET**

**Agency Name: Cochise County Health Department**  
**Agency DUNS Number: 020126041 0000**  
**Federal Award Identification Number (FAIN): 187AZAZ7W1003**  
**Federal Award Date: October 1, 2017**  
**CFDA Number and Name: 10.557 Special Supplemental Nutrition Program for Women, Infants, and Children**


**OCTOBER 1, 2017 TO SEPTEMBER 30, 2018**

<b>WOMEN, INFANTS, AND CHILDREN (WIC)</b>	
<b>LINE ITEM BUDGET</b>	<b>AMOUNT</b>
PERSONNEL COSTS/SALARY EXPENSES	<b>\$317,974.00</b>
EMPLOYEE RELATED EXPENSES	<b>\$148,623.00</b>
PROFESSIONAL & OUTSIDE Services	<b>\$1.00</b>
TRAVEL EXPENSES	<b>\$21,000.00</b>
OCCUPANCY EXPENSES	<b>\$0.00</b>
OTHER OPERATING EXPENSES	<b>\$12,908.00</b>
CAPITAL OUTLAY EXPENSES	<b>\$0.00</b>
INDIRECT COST EXPENSES (IF AUTHORIZED)	<b>\$31,424.00</b>
RD SUPPLEMENT	<b>\$50,000.00</b>
<b>TOTAL \$581,930.00</b>	

**Federal Award Identification Number (FAIN): 177AZAZ1W5003**  
**Federal Award Date: October 1, 2017**  
**CFDA Number and Name: 10.557 Special Supplemental Nutrition Program for Women, Infants and Children**

**OCTOBER 1, 2017 TO SEPTEMBER 30, 2018**

<b>BREASTFEEDING PEER COUNSELING SERVICES (BFPC)</b>	
<b>LINE ITEM BUDGET</b>	<b>AMOUNT</b>
PERSONNEL COSTS/SALARY EXPENSES	<b>\$29,546.00</b>
EMPLOYEE RELATED EXPENSES	<b>\$12,754.00</b>
PROFESSIONAL & OUTSIDE EXPENSES	<b>\$2,000.00</b>
TRAVEL EXPENSES	<b>\$2,929.00</b>
OCCUPANCY EXPENSES	<b>\$0.00</b>
OTHER OPERATING EXPENSES	<b>\$1,271.00</b>
CAPITAL OUTLAY EXPENSES	<b>\$0.00</b>
INDIRECT COST EXPENSES (IF AUTHORIZED)	<b>\$0.00</b>
<b>TOTAL \$48,500.00</b>	

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**MARCH 1, 2018 TO SEPTEMBER 30, 2018**

FARMER'S MARKET NUTRITION PROGRAM (FMNP)			
TYPE OF SERVICE	UNIT RATE	UNIT OF MEASURE	ESTIMATED NUMBER OF PARTICIPANTS
WIC FMNP CHECK ISSUANCE	<b>\$1.25</b>	WIC Participant	AS NEEDED

**ADDITIONAL TERMS AND CONDITIONS:**

With prior written approval from the Program Manager, the Contractor is authorized to transfer up to a maximum of ten percent (10%) of the total budget amount between funded line items except for Registered Dietitian Expenses. Transfers of funds are only allowed between funded line items. Transfers exceeding ten percent (10%) or to a non-funded line item shall require an Amendment. The Registered Dietitian line item is meant to fund additional Registered Dietitian position(s) to meet high-risk counseling requirements.

Authorization for purchase of services under this Contract shall be made only upon ADHS issuance of a Purchase Order that is signed by an authorized agent. The Purchase Order will indicate the Contract number and the dollar amount of funds authorized. The Contractor shall only be authorized to perform services up to the amount on the Purchase Order. ADHS shall not have any legal obligation to pay for services in excess of the amount indicated on the Purchase Order. No further obligation for payment shall exist on behalf of ADHS unless a.) the Purchase Order is modified with an official ADHS Procurement Change Order, and/or b.) an additional Purchase Order is issued for purchase of services under this Contract.

ADHS reserves the right to adjust awards given to local agencies depending on Federal dollars received. Adjustments will be at the discretion of ADHS.

**ADDITIONAL WIC PROGRAM:**

Should additional administrative monies become available through state or federal grants, ADHS may increase the purchase order to increase the number of participants served and increase the total of this contract.

**The assigned caseload for FFY 2018 is: 3,500**

**ADDITIONAL BREASTFEEDING PEER COUNSELING PROGRAM:**

Allowable costs for the Peer Counseling Program include compensation for peer counselors and designated peer counselor managers/coordinators, and related costs such as training and training materials; telephone expenses for participant contacts (including pager, cell phones and answering machines); travel for training and home and hospital visits; recruitment of peer counseling staff; and the purchase of demonstration materials (e.g., breast pumps for demonstration purposes, videos). Out of state travel must be pre-approved by ADHS. Items and materials for distribution to WIC participants (e.g. breast pumps, breastfeeding aids, written materials) are not allowable costs.

**FARMER'S MARKET NUTRITION PROGRAM:**

If funding for additional FMNP checks becomes available and the contract budget (as shown on the Contract Price Sheet) has been fully expended, Contractor may choose whether or not to distribute the additional checks with no increase in the contract budget.

**ALL OTHER PROVISIONS OF THIS AGREEMENT SHALL REMAIN IN THEIR ENTIRETY.**