



**INTERGOVERNMENTAL AGREEMENT(IGA)  
AMENDMENT**

**ARIZONA DEPARTMENT OF  
HEALTH SERVICES**

150 N. 18<sup>th</sup> Ave Suite 260  
Phoenix, Arizona 85007  
(602) 542-1040  
(602) 542-1741 Fax

Agreement No: **ADHS16-109191**

Amendment No. 4

Procurement Officer:  
Russell Coplen

**Healthy People Healthy Communities**

**Effective upon signature, it is mutually agreed that the Agreement referenced above is amended as follows:**

- Pursuant to Terms and Conditions, Provision Six (6). Contract Changes, Section 6.1 Amendments, Purchase Orders and Change Orders, the Price Sheet is revised and replaced by the Price Sheet of this Amendment Four (4).

**All other provisions shall remain in its entirety.**

|   |           |  |  |
|---|-----------|--|--|
| <b>Cochise County</b>   |           | <b>CONTRACTOR SIGNATURE</b>  |  |
| Contractor Name   |           | Contractor Authorized Signature  |  |
| <b>1415 W. Melody Lane Building A</b>   |           | Printed Name   |  |
| Address   |           | Title  |  |
| <b>Bisbee</b>   | <b>AZ</b> | <b>85603</b>   |  |
| City  | State     | Zip  |  |
| <b>CONTRACTOR ATTORNEY SIGNATURE</b>  |           | 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. |  |
| 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.   |           | <b>State of Arizona</b>  |  |
| Signature _____ Date _____  |           | Signed this _____ day of _____ 2017  |  |
| Printed Name _____  |           | 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: _____   |           |  |  |



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**PRICE SHEET**

**COCHISE – ADHS16-109191**

**JULY 1, 2017 - JUNE 30, 2018**

**ACTION PLAN**

| ITEM/SERVICE DESCRIPTION   | UNIT OF MEASURE | NUMBER OF UNITS | UNIT RATE          | TOTAL              |
|----------------------------|-----------------|-----------------|--------------------|--------------------|
| Action Plan – All Programs | EA              | 1               | \$72,776.00        | \$72,776.00        |
| <b>TOTAL</b>               |                 | <b>1</b>        | <b>\$72,776.00</b> | <b>\$72,776.00</b> |

**TOBACCO**

| ITEM/SERVICE DESCRIPTION  | UNIT OF MEASURE | NUMBER OF UNITS | UNIT RATE          | TOTAL               |
|---|-----------------|-----------------|--------------------|---------------------|
| See SOW for Specific Service Strategies (i.e. Prevention, Cessation, Secondhand Smoke, Enforcement) | QTR             | 4               | \$73,121.25        | \$292,485.00        |
| <b>TOTAL</b>  |                 | <b>4</b>        | <b>\$73,121.25</b> | <b>\$292,485.00</b> |

**HEALTH IN ARIZONA POLICY INITIATIVE**

| ITEM/SERVICE DESCRIPTION  | UNIT OF MEASURE | NUMBER OF UNITS | UNIT RATE          | TOTAL              |
|---|-----------------|-----------------|--------------------|--------------------|
| See SOW for Specific Service Strategies (i.e. Alzheimer’s, Chronic Pulmonary Disease, Hypertension, Self-Management, Procurement, Healthy Community Design, School Health, Worksite Wellness, Clinical Care, and Special Health Care Needs) | QTR             | 4               | \$19,185.75        | \$76,743.00        |
| <b>TOTAL</b>  |                 | <b>4</b>        | <b>\$19,185.75</b> | <b>\$76,743.00</b> |



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**PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT**

| ITEM/SERVICE DESCRIPTION  | UNIT OF MEASURE | NUMBER OF UNITS | UNIT RATE   | TOTAL              |
|---|-----------------|-----------------|-------------|--------------------|
| See SOW for Specific Service Strategies (i.e. Fees for Accreditation, Quality Improvement Projects, Workforce Development Implementation, Performance Management Documentation, Progress Toward County Health Improvement Plan) | QTR             | 1               | \$13,562.00 | \$13,562.00        |
|   |                 | 3               | \$13,562.00 | \$40,686.00        |
| <b>TOTAL</b>  |                 | <b>4</b>        |             | <b>\$54,248.00</b> |

**FAMILY PLANNING / MATERNAL and CHILD HEALTH (Title V Block Grant)**

| ITEM/SERVICE DESCRIPTION                | UNIT OF MEASURE | NUMBER OF UNITS | UNIT RATE          | TOTAL              |
|---|-----------------|-----------------|--------------------|--------------------|
| See SOW for Specific Service Strategies | QTR             | 4               | \$19,743.00        | \$78,972.00        |
| <b>TOTAL</b>                            |                 | <b>4</b>        | <b>\$19,743.00</b> | <b>\$78,972.00</b> |

**TEEN PREGNANCY PREVENTION**

| ITEM/SERVICE DESCRIPTION                | UNIT OF MEASURE | NUMBER OF UNITS | UNIT RATE          | TOTAL               |
|---|-----------------|-----------------|--------------------|---------------------|
| See SOW for Specific Service Strategies | QTR             | 4               | \$27,283.00        | \$109,132.00        |
| <b>TOTAL</b>                            |                 | <b>4</b>        | <b>\$27,283.00</b> | <b>\$109,132.00</b> |

**TOTAL**

| ITEM/SERVICE DESCRIPTION |  |  |  | TOTAL               |
|--------------------------|--|--|--|---------------------|
| <b>GRAND TOTAL</b>       |  |  |  | <b>\$684,356.00</b> |