



# Cochise County Board of Supervisors

Public Programs...Personal Service  
www.cochise.az.gov

**THOMAS E. BORER**  
Chairman  
District 1

**ANN ENGLISH**  
Vice-Chairman  
District 2

**PEGGY JUDD**  
Supervisor  
District 3

**EDWARD T. GILLIGAN**  
County Administrator

**SHARON GILMAN**  
Associate County Administrator

**ARLETHE R. MORRISON**  
Clerk of the Board

**AGENDA FOR REGULAR BOARD MEETING**  
**Tuesday, September 10, 2019 at 10:00 AM**  
BOARD OF SUPERVISORS HEARING ROOM  
1415 MELODY LANE, BUILDING G, BISBEE, AZ 85603

**ANY ITEM ON THIS AGENDA IS OPEN FOR DISCUSSION AND POSSIBLE ACTION**

**PLEDGE OF ALLEGIANCE**

**THE ORDER OR DELETION OF ANY ITEM ON THIS AGENDA IS SUBJECT TO MODIFICATION AT THE MEETING**

### **ROLL CALL**

*Members of the Cochise County Board of Supervisors will attend either in person or by telephone, video or internet conferencing.*

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The Board may permit public comment during the discussion of any item on this agenda. If you wish to be heard on a specific item, please sign up to be heard using the 'Specific Item' on the speaker form provided, and please list the item about which you wish to be heard. Persons will be permitted three minutes to speak.

*Note that some attachments may be updated after the agenda is published. This means that some presentation materials displayed at the Board meeting may differ slightly from the attached version.*

### **CONSENT**

#### **Board of Supervisors**

1. Approve the Minutes of the regular meeting of the Board of Supervisors of August 27, 2019.
2. Approve a Liquor License application for a series 16 (Wine Festival/Wine Fair) submitted by Mr. Rodney Edward Keeling for a Wine Festival to be held at 6405 W. Williams Rd., Willcox, AZ 85643 on September 20-21, 2019
3. Approve a Proclamation declaring September 23-29, 2019 as Diaper Need Awareness Week.
4. Approve naming Keith Buonocore as Cochise County's Chief Fiscal Officer per ARS 41-1279.07(E).

#### **County Attorney**

5. Approve County Attorney's Contribution of \$2,700 in RICO Funds to Help Support a Life Skills Center for Jennifer's House in Sierra Vista.

## **Finance**

6. Approve demands and budget amendments for operating transfers.

## **Workforce Development**

7. Approve the appointment of Mr. Brad Dale to the Local Workforce Development Board to fill an unexpired term, effective immediately through June, 30, 2023.

## **PUBLIC HEARINGS**

### **Board of Supervisors**

8. Approve a Multi-License Acquisition of Control application for a series #13 Farm Winery license submitted by Ms. Arlene Linda Domanico for Salvatore Vineyards, located at 3052 N. Fort Grand Road in Willcox, AZ 85643.

## **ACTION**

### **County Treasurer**

9. Approve the recommendation of the County Treasurer for the abatement of property taxes and interest on personal property and the removal of personal property tax liens on Treasurer's Certificate of Clearance No. 2019-0001 to 2019-0021.

### **Health & Social Services**

10. Approve IGA CTR040363 Amendment 2, for Women, Infants, and Children (WIC) Services and the Breastfeeding Peer Counselor (BFPC) Program between the Arizona Department of Health Services (ADHS) and the Cochise County Health Department, in the annual amount of \$583,700 for (WIC) and \$63,824 for (BFPC), effective October 1, 2019 through September 30, 2020.
11. Approve Contract No.107-20 between South Eastern Arizona Governments Organization (SEAGO) and Cochise County Health and Social Services for Case Management services, in the amount of \$215,000, effective July 1, 2019 through June 30, 2020.

## **CALL TO THE PUBLIC**

*This is the time for the public to comment. Members of the Board may not discuss items that are not specifically identified on the agenda.*

## **REPORT BY EDWARD T. GILLIGAN COUNTY ADMINISTRATOR -- RECENT AND PENDING COUNTY MATTERS**

## **SUMMARY OF CURRENT EVENTS**

**Report by District 1 Supervisor, Thomas E. Borer**

**Report by District 2 Supervisor, Ann English**

**Report by District 3 Supervisor, Peggy Judd**

Pursuant to the Americans with Disabilities Act (ADA), Cochise County does not, by reason of a disability, exclude from participation in or deny benefits or services, programs or activities or discriminate against any qualified person with a disability. Inquiries regarding compliance with ADA provisions, accessibility or accommodations can be directed to Julie Morales, Cochise County Risk Management & Safety, (520) 432-9830, FAX (520) 432-9758, TDD (520) 432-8360, 1415 Melody Lane, Building C, Bisbee, Arizona 85603.

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**Cochise County Board of Supervisors**

1415 Melody Lane, Building G Bisbee, Arizona 85603  
520-432-9200 520-432-5016 fax board@cochise.az.gov

**Regular Board of Supervisors Meeting**

**Meeting Date:** 09/10/2019

Minutes

**Submitted By:** Melissa Tucker, Board of Supervisors

**Department:** Board of Supervisors

**Presentation:** No A/V Presentation

**Document Signatures:**

**Recommendation:**

**# of ORIGINALS**

**Submitted for Signature:**

**NAME** n/a

**TITLE** n/a

**of PRESENTER:**

**of PRESENTER:**

**Mandated Function?:**

**Source of Mandate  
or Basis for Support?:**

**Information**

**Agenda Item Text:**

Approve the Minutes of the regular meeting of the Board of Supervisors of August 27, 2019.

**Background:**

Minutes

**Department's Next Steps (if approved):**

Signed minutes routed for processing and posted on the internet.

**Impact of NOT Approving/Alternatives:**

n/a

**To BOS Staff: Document Disposition/Follow-Up:**

Scan to OnBase and File.

**Budget Information**

*Information about available funds*

**Budgeted:**

**Funds Available:**

**Amount Available:**

**Unbudgeted:**

**Funds NOT Available:**

**Amendment:**

**Account Code(s) for Available Funds**

1:

**Fund Transfers**

**Attachments**

Minutes

**PROCEEDINGS OF THE COCHISE COUNTY BOARD OF SUPERVISORS  
REGULAR MEETING HELD ON  
Tuesday, August 27, 2019**

A regular board meeting of the Cochise County Board of Supervisors was held on Tuesday, August 27, 2019 at 10:00 a.m. in the Board of Supervisors' Hearing Room, 1415 Melody Lane, Building G, Bisbee, Arizona.

Present: Peggy Judd, Chairman; Ann English, Vice-Chairman

Absent: Thomas E. Borer, Supervisor

Staff Edward T. Gilligan, County Administrator; Sharon Gilman, Associate County

Present: Administrator; Sara Dent, Attorney III; Melissa Tucker, Administrative Assistant

Chairman Judd called the meeting to order at 10:06 a.m.

**ANY ITEM ON THIS AGENDA IS OPEN FOR DISCUSSION AND POSSIBLE ACTION**

**PLEDGE OF ALLEGIANCE**

**THE ORDER OR DELETION OF ANY ITEM ON THIS AGENDA IS SUBJECT TO MODIFICATION AT THE MEETING**

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***CALL TO THE PUBLIC***

Chairman Judd opened the call to the public.

No one chose to speak and Chairman Judd closed the call to the public.

*This is the time for the public to comment. Members of the Board may not discuss items that are not specifically identified on the agenda.*

***CONSENT***

**Board of Supervisors**

1. Approve the Minutes of the regular meeting of the Board of Supervisors of August 13, 2019.
2. Approve a letter of support to Representative Kilpatrick requesting she introduce legislation to designate Chiricahua National Monument as a National Park.
3. Approve attached community enhancement fund expenditures for District 2 and District 3 effective August 27, 2019.

**County Treasurer**

4. Adopt Resolution 19-18 authorizing Cochise County Treasurer to collect and disburse the property taxes for 2019.

## **Elections**

5. Approve the appointment of 6 Republican Precinct Committeemen, and the resignation of 1 Republican Precinct Committeeman, by recommendation of their Cochise County Party Chairmen to serve through the October 1, 2020 term.

## **Facilities**

6. Approve the agreement between Bisbee Vogue Inc, a nonprofit corporation and Cochise County for use of County premises around the Superior Courthouse and Administration Building for the Bisbee 100 Stair Climb, effective October 18, 2019 through October 20, 2019.

## **Finance**

7. Approve demands and budget amendments for operating transfers.

Vice-Chairman English moved that consent item number 6 on the consent agenda be pulled for minor discussion. Ms. Cynthia Conroy, President of Bisbee Vogue, Inc. was present and there was a minor discussion. Vice-Chairman English moved that item number 6 on the consent agenda be put back on the agenda.

Vice-Chairman English moved to approve items 1-7 on the consent agenda. Chairman Judd seconded the motion and it carried unanimously.

## ***PUBLIC HEARINGS***

### **Community Development**

8. Adopt Zoning Ordinance 19-07 approving Docket R-19-04, amending the Cochise County Zoning Regulations, adding Article 1721 Minor Land Divisions.

Ms. Christine McLachlan, Planner II, presented this item using a PowerPoint presentation.

Ms. McLachlan went over the background:

- What can be regulated, who benefits, and the criteria.
- The current process and proposed process.
- What is included with the permit: approval statement or denial statement.

She showed an Information Guide that will be made available to the public stating facts, answers to common questions, and contact information.

The proposed Minor Land Division regulations were heard by the Board of Supervisors at a June 11, 2019 Work Session and by the Cochise Planning and Zoning Commission at a July 10, 2019 Work Session. The Planning and Zoning Commission unanimously (7-0) recommended approval at their August 15, 2019 meeting.

Chairman Judd opened the Public Hearing.

No one chose to speak and Chairman Judd closed the Public Hearing.

Vice-Chairman English moved to adopt Zoning Ordinance 19-07 approving Docket R-19-04, amending the Cochise County Zoning Regulations, adding Article 1721 Minor Land Divisions. Chairman Judd seconded the motion.

Chairman Judd called for the vote and it was approved 2-0-1. (Borer absent).

9. Adopt Zoning Ordinance 19-08 approving Docket R-19-03, amending the Cochise County Zoning Regulations to delete all references to the Minor Expedited Residential Subdivision Option contained in the Contents and Articles 6, 7, 8, 9, 10 and 15.

Ms. Christine McLachlan, Planner II, presented this item using a PowerPoint presentation.

Ms. McLachlan went over the request and background:

- What was Minor Expedited Residential Subdivision? Any proposed subdivision with 20 or fewer lots.
- Issues
- Changes to the Zoning Regulations

The Cochise County Planning and Zoning Commission held a Public Hearing on Docket R-19-03 on August 15, 2019. The Commission provided unanimous support for a recommendation of approval to the Board of Supervisors.

Chairman Judd opened the Public Hearing.

No one chose to speak and Chairman Judd closed the Public Hearing.

Vice-Chairman English moved to adopt Zoning Ordinance 19-08 approving Docket R-19-03, amending the Cochise County Zoning Regulations to delete all references to the Minor Expedited Residential Subdivision Option contained in the Contents and Articles 6, 7, 8, 9, 10 and 15. Chairman Judd seconded the motion.

Chairman Judd called for the vote and it was approved 2-0-1. (Borer absent).

## ***ACTION***

### **Health & Social Services**

10. Approve the Arizona Department of Health Services IGA contract # ADHS17-133164 A6 for the Public Health Emergency Preparedness Program, between the Arizona Department of Health Services and Cochise Health & Social Services, in the amount of \$237,293, effective July 1, 2019 and ending June 30, 2020.

Mr. Greg McQuaide, Public Health Emergency Preparedness (PHEP) Coordinator, presented this item. Mr. McQuaide explained the purpose and gave the background. He stated services include researching and monitoring infectious diseases, data analysis to allow adequate responses to outbreaks, and insuring resources are available along with accomplishing the continuation of all these services provided to the public.

Vice-Chairman English moved to approve the Arizona Department of Health Services IGA contract # ADHS17-133164 A6 for the Public Health Emergency Preparedness Program,

between the Arizona Department of Health Services and Cochise Health & Social Services, in the amount of \$237,293, effective July 1, 2019 and ending June 30, 2020. Chairman Judd seconded the motion.

Chairman Judd called for the vote and it was approved 2-0-1. (Borer absent).

11. Approve IGA# ADHS18-177676 Amendment 1, Immunization Services, between the Arizona Department of Health Services and Cochise Health & Social Services, with annual funding remaining static at \$128,415.

Ms. Carrie Langley, Director of Health and Social Services, presented this item. Ms. Langley gave the background and stated that Cochise Health and Social Services has received funds since 1993 that has allowed the County to provide the public with free vaccines. She stated that the grant funds pay for management, staffing, outreach, and operating costs of the program. Services are free for all uninsured children and adults.

Vice-Chairman English moved to approve IGA# ADHS18-177676 Amendment 1, Immunization Services, between the Arizona Department of Health Services and Cochise Health & Social Services, with annual funding remaining static at \$128,415. Chairman Judd seconded the motion.

Chairman Judd called for the vote and it was approved 2-0-1. (Borer absent).

### ***REPORT BY EDWARD T. GILLIGAN COUNTY ADMINISTRATOR -- RECENT AND PENDING COUNTY MATTERS***

Mr. Gilligan deferred his report.

### ***SUMMARY OF CURRENT EVENTS***

#### **Report by District 1 Supervisor, Thomas E. Borer - Absent**

#### **Report by District 2 Supervisor, Ann English**

Vice-Chairman English deferred her report.

#### **Report by District 3 Supervisor, Peggy Judd**

Chairman Judd deferred her report.

Chairman Judd adjourned the meeting at 10:35 a.m.

APPROVED:

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Peggy Judd, Chairman

ATTEST:

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Melissa Tucker, Administrative Assistant

Board of Supervisors

Regular Board of Supervisors Meeting

Meeting Date: 09/10/2019

Keeling Schaefer Vineyards, LLC - September 2019

Submitted By: Melissa Tucker, Board of Supervisors

Department: Board of Supervisors

Presentation: No A/V Presentation

Document Signatures:

Recommendation:

# of ORIGINALS

Submitted for Signature:

NAME of PRESENTER: Arlethe R. Morrison

TITLE of PRESENTER: Clerk of the Board

Mandated Function?:

Source of Mandate or Basis for Support?:

Information

Agenda Item Text:

Approve a Liquor License application for a series 16 (Wine Festival/Wine Fair) submitted by Mr. Rodney Edward Keeling for a Wine Festival to be held at 6405 W. Williams Rd., Willcox, AZ 85643 on September 20-21, 2019

Background:

Mr. Rodney Edward Keeling has applied for a series 16 (Wine Festival/Wine Fair). The Wine Festival will be located at 6405 W. Williams Rd., Willcox, AZ 85643 on September 20-21, 2019 for Keeling Schaefer Vineyards, LLC. The Sheriff's Office has no recommendation and Development Services recommends approval of the application and the fee has been paid. Supporting documentation regarding this liquor license is on file with the Clerk of the Board of Supervisors.

Department's Next Steps (if approved):

Board staff will forward the Board's decision to the ADLLC.

Impact of NOT Approving/Alternatives:

The applicant will not be able to host the event.

To BOS Staff: Document Disposition/Follow-Up:

Email and mail completed, signed and approved application with check to ADLLC with decision.

Budget Information

Information about available funds

Budgeted:

Funds Available:

Amount Available:

Unbudgeted:

Funds NOT Available:

Amendment:

Account Code(s) for Available Funds

1:

Fund Transfers

Attachments

*No file(s) attached.*

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**Regular Board of Supervisors Meeting**

**Meeting Date:** 09/10/2019

Approve Proclamation: Diaper Need Awareness Week

**Submitted By:** Melissa Tucker, Board of Supervisors

**Department:** Board of Supervisors

**Presentation:** No A/V Presentation

**Document Signatures:**

**Recommendation:**

**# of ORIGINALS**

**Submitted for Signature:**

**NAME** n/a

**TITLE** n/a

**of PRESENTER:**

**of PRESENTER:**

**Mandated Function?:**

**Source of Mandate  
or Basis for Support?:**

**Information**

**Agenda Item Text:**

Approve a Proclamation declaring September 23-29, 2019 as Diaper Need Awareness Week.

**Background:**

Cochise County's proclamations attached.

**Department's Next Steps (if approved):**

File Cochise County's Proclamation.

**Impact of NOT Approving/Alternatives:**

n/a

**To BOS Staff: Document Disposition/Follow-Up:**

Proclamation to be read aloud at meeting during Presentations.

**Budget Information**

*Information about available funds*

**Budgeted:**

**Funds Available:**

**Amount Available:**

**Unbudgeted:**

**Funds NOT Available:**

**Amendment:**

**Account Code(s) for Available Funds**

1:

**Fund Transfers**

**Attachments**

Proclamation



# Cochise County Board of Supervisors

Public Programs...Personal Service  
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**THOMAS E. BORER**  
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Associate County Administrator

**PEGGY JUDD**  
Supervisor  
District 3

**ARLETHE R. MORRISON**  
Clerk of the Board

## PROCLAMATION Diaper Need Awareness Week September 23-29, 2019

**WHEREAS**, Diaper Need, the condition of not having a sufficient supply of clean diapers to ensure that infants and toddlers are clean, healthy and dry, can adversely affect the health and welfare of infants, toddlers and their families; and

**WHEREAS**, national surveys report that one in three mothers experiencing diaper need at some time while their children are less than three years of age and forty-eight percent of families delay changing a diaper to extend their supply; and

**WHEREAS**, the average infant or toddler requires an average of at least 50 diaper changes per week over three years; and

**WHEREAS**, there are no government assistance programs for the purchase or provision of diapers, and a monthly supply of diapers can cost as much as six percent of a full-time minimum wage worker's salary, therefore obtaining a sufficient supply of diapers can cause economic hardship to families; and

**WHEREAS**, a supply of diapers is generally an eligibility requirement for infant and toddlers to participate in childcare programs and quality early education programs; and

**WHEREAS**, the people of Cochise County recognize that addressing Diaper Need can lead to economic opportunity for the state's low-income families and can lead to improved health for families and their communities; and

**WHEREAS**, Cochise County is proud to be home to various community organizations that recognize the importance of diapers in helping provide economic stability for families and distribute diapers to poor families through various channels; now

**NOW, THEREFORE, BE IT RESOLVED THAT WE**, the Board of Supervisors of Cochise County do hereby proclaim the week of September 23rd through September 29<sup>th</sup>, 2019 as DIAPER NEED AWARENESS WEEK in Cochise County and encourage the citizens of Cochise to donate generously to diaper banks, diaper drives, and those organizations that distribute diapers to families in need to help alleviate diaper need in Cochise County and environs.

**APPROVED AND ADOPTED** this 10<sup>TH</sup> day of September 2019.

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Thomas E Borer, Chairman

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Ann English, Vice-Chairman

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Peggy Judd, Supervisor



Board of Supervisors

Regular Board of Supervisors Meeting

Meeting Date: 09/10/2019

Naming the Chief Fiscal Officer

Submitted By: Arlethe Morrison, Board of Supervisors

Department: Board of Supervisors

Presentation: No A/V Presentation

Document Signatures:

Recommendation:

# of ORIGINALS

Submitted for Signature:

NAME n/a

TITLE n/a

of PRESENTER:

of PRESENTER:

Mandated Function?:

Source of Mandate or Basis for Support?:

Information

Agenda Item Text:

Approve naming Keith Buonocore as Cochise County's Chief Fiscal Officer per ARS 41-1279.07(E).

Background:

ARS 41-1279.07(E) states that each political subdivision shall provide to the auditor general by July 31 each year the name of the chief fiscal officer designated by the governing board of the political subdivision to submit the current fiscal year's expenditure limitation report. The political subdivision shall notify the auditor general of any changes of individuals designated to file the required reports. The designated chief fiscal officer shall certify to the accuracy of the annual expenditure limitation report.

Department's Next Steps (if approved):

Submit notice of Chief Fiscal Officer notice to the Arizona Auditor General by July 31, 2019.

Impact of NOT Approving/Alternatives:

Will not be in compliance with ARS 41-1279.07(E) and County will not be able to submit the current fiscal year's annual expenditure limitation report .

To BOS Staff: Document Disposition/Follow-Up:

Email Keith Buonocort notifying him of the approval, provide him with signed minutes for the September 10, 2019 meeting.

Budget Information

Information about available funds

Budgeted:

Funds Available:

Amount Available:

Unbudgeted:

Funds NOT Available:

Amendment:

Account Code(s) for Available Funds

1:

Fund Transfers

Attachments

No file(s) attached.



**Regular Board of Supervisors Meeting**

**Meeting Date:** 09/10/2019  
Contribution of RICO Funds to Support Jennifer's House, a Transition House for Women  
**Submitted By:** Britt Hanson, County Attorney  
**Department:** County Attorney  
**Presentation:** No A/V Presentation      **Recommendation:** Approve  
**Document Signatures:** BOS Signature NOT Required      **# of ORIGINALS Submitted for Signature:** 0  
**NAME of PRESENTER:** Christine Roberts or Britt Hanson      **TITLE of PRESENTER:** County Attorney's Office  
**Docket Number (If applicable):**  
**Mandated Function?:** Not Mandated      **Source of Mandate or Basis for Support?:**

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**Information**

**Agenda Item Text:**

Approve County Attorney's Contribution of \$2,700 in RICO Funds to Help Support a Life Skills Center for Jennifer's House in Sierra Vista.

**Background:**

Jennifer's House is a transition center for women in Sierra Vista. It is operated by Break the Cycle-jam3s Inc., a 501C((3) nonprofit corporation.

The Sierra Vista Sunrise Rotary is assisting Jennifer's House Director, Danielle Sheppard, in updating a life skills training center that helps women improve life skills to be become self-sufficient and productive members of the community. On behalf of Ms. Sheppard, the Rotary is requesting that the County Attorney contribute \$2,700 to purchase 3 desktop computers, 1 laptop computer, 2 APC backups, 3 headsets, and 1 wireless printer. The letter requesting the contribution, and the cost estimates for the items, is attached to this agenda item.

The County Attorney wishes to grant the request. Pursuant to A.R.S. 13-2314.03, Board approval is required. The Board must approve the proposed use if it is for a purpose authorized under State or Federal law.

Pursuant to A.R.S. 13-2314.01, RICO funds may be used for "Funding gang prevention programs, substance abuse prevention programs, substance abuse education programs, programs that provide assistance to victims of a criminal offense that is listed in section 13-2301 and witness protection pursuant to section 41-196 or for any purpose permitted by federal law relating to disposing of any property that is transferred to a law enforcement agency." Under Federal law, RICO funds may be used to support a community-based non-profit 501(C)(3) whose missions support or are consistent with a law enforcement effort, policy or initiative.

The Life Skills Center, by helping women in transition, will aid in reducing recidivism of women in our community. The proposed use is thus authorized under both State and Federal law.

**Department's Next Steps (if approved):**

Notify the County Attorney of approval.

**Impact of NOT Approving/Alternatives:**

The County will not be able to support the Life Skills Center for Jennifer's House.

**To BOS Staff: Document Disposition/Follow-Up:**

Email County Attorney Brian McIntyre that the agenda item has been approved.

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**Attachments**

Rotary Letter and Cost Estimates

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Sierra Vista Sunrise Rotary  
PO Box 1021  
Sierra Vista, AZ 85636

June 3, 2019

Cochise County Attorney Office  
150 Quality Hill Road  
Bisbee, AZ 85603

Dear Cochise County Attorney:

The Sierra Vista Sunrise Rotary Club is comprised of nearly 30 local professionals who believe in "Service above Self". To that end, the SV Sunrise Club is engaging in a service project to benefit JENNIFER'S HOUSE, a transition house for women who have been incarcerated and wish to improve their life skills in order to become self-sufficient, productive members of our community. Sunrise Rotary is endeavoring to provide JENNIFER'S HOUSE with an updated Life Skills Center. This Club service project involves infrastructure improvements to the building, purchase of computers, software, printers and computer-lab furniture. In addition to the seven women and children of JENNIFER'S HOUSE, the new lab will also be open to 20 previously incarcerated male residents of HOOP'S HOUSE, who also endeavor to transition into productive taxpayers of Cochise County.

On behalf of Danielle Sheppard, Director of JENNIFER'S HOUSE, Sunrise Rotary is requesting your support through RICO funds for the purchase of 3 desktop computers, 1 laptop computer, 2 APC backups, 3 computer headsets, and 1 wireless printer at a cost of \$2,700. See enclosed estimates.

This project is scheduled to be completed during August 2019. We look forward to hearing from you regarding your possible support. Please contact me at 520-227-9937 or at [sweiss23@cox.net](mailto:sweiss23@cox.net) if you wish to discuss our partnership in this important project.

Sincerely,

A handwritten signature in cursive script that reads "Scott Weiss". The signature is written in dark ink and is positioned below the word "Sincerely,".

Scott Weiss  
Sunrise Rotary Project Coordinator

Cart  
13 Items



Products

**Store:** 1077  
**Associate:** Michael R  
SIERRA VISTA AZ, 2200 El Mercado Loop  
Sierra Vista, AZ 85635  
**Phone:** (520) 417-1002

Sun: 10:00am-8:00pm  
Mon: 10:00am-9:00pm  
Tue: 10:00am-9:00pm  
Wed: 10:00am-9:00pm  
Thu: 10:00am-9:00pm  
Fri: 10:00am-9:00pm  
Sat: 10:00am-9:00pm



Brother - HL-L2390DW Wireless  
Black-and-White All-In-One  
Printer - Gray  
SKU: 6130044  
Model: HL-L2390DW

**Available In-Store**  
Available to Order

**\$129.99**  
Was \$149.99



Logitech - H540 On-Ear USB  
Headset - Black  
SKU: 6640621  
Model: 981-000510

**Available In-Store**  
Available to Order

**\$32.99**  
Was \$34.99



Logitech - H540 On-Ear USB  
Headset - Black  
SKU: 6640621  
Model: 981-000510

**Available In-Store**  
Available to Order

**\$32.99**  
Was \$34.99



Logitech - H540 On-Ear USB Headset - Black

SKU: 6640621  
Model: 981-000510

Available In-Store  
Available to Order

\$32.99  
Was \$34.99



Lenovo - 510A-15ICB Desktop - Intel Core i3 - 8GB Memory - 1TB Hard Drive - Black

SKU: 6325578  
Model: 90HV001MUS

Available In-Store  
Available to Order

\$449.99



Lenovo - 510A-15ICB Desktop - Intel Core i3 - 8GB Memory - 1TB Hard Drive - Black

SKU: 6325578  
Model: 90HV001MUS

Available In-Store  
Available to Order

\$449.99



Lenovo - 510A-15ICB Desktop - Intel Core i3 - 8GB Memory - 1TB Hard Drive - Black

SKU: 6325578  
Model: 90HV001MUS

Available In-Store  
Available to Order

\$449.99



HP - 20.7" LED FHD Monitor - Black

SKU: 5759501  
Model: 21KD

Available In-Store  
Available to Order

\$99.99



HP - 20.7" LED FHD Monitor - Black

SKU: 5759501  
Model: 21KD

Available In-Store  
Available to Order

\$99.99



**HP - 20.7" LED FHD Monitor - Black**

SKU: 5759501  
Model: 21KD

**Available In-Store**  
Available to Order

**\$99.99**



**Lenovo - 330S-15IKB 15.6" Laptop - Intel Core i5 - 8GB Memory - 128GB Solid State Drive - Platinum Gray**

SKU: 6323663  
Model: 81F5018TUS

**Available In-Store**  
Available to Order

**\$529.99**

Was \$579.99



**APC - Back-UPS 450VA Battery Back-Up System - Black**

SKU: 5554800  
Model: BN450M

**Available In-Store**  
Available to Order

**\$44.99**

Was \$55.99



**APC - Back-UPS 450VA Battery Back-Up System - Black**

SKU: 5554800  
Model: BN450M

**Available In-Store**  
Available to Order

**\$44.99**

Was \$55.99

**Disclaimer**

This List reflects current store pricing and product availability, both of which are subject to change. Products may not be physically available at all stores, but may still be available for purchase. Rainchecks are not available. If you purchase any item from your list, or if it becomes unavailable, Best Buy may remove the item from your List. Bundle discount pricing reflected on this List can't be used to receive a price match.

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**Total**

Estimated Taxes **\$201.16**

Estimated Total **\$2,700.03**

**Save: \$98.00**

**Regular Board of Supervisors Meeting**

**Meeting Date:** 09/10/2019

Demands

**Department:** Board of Supervisors

**Presentation:** No A/V Presentation

**Document Signatures:**

**NAME** n/a  
**of PRESENTER:**

**Mandated Function?:**

**Recommendation:**

**# of ORIGINALS**

**Submitted for Signature:**

**TITLE** n/a  
**of PRESENTER:**

**Source of Mandate  
or Basis for Support?:**

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**Information**

**Agenda Item Text:**

Approve demands and budget amendments for operating transfers.

**Background:**

Auditor-General's requirement for Board of Supervisors to approve.

**Department's Next Steps (if approved):**

Return to Finance after BOS approval.

**Impact of NOT Approving/Alternatives:**

Board of Supervisors will not be in compliance with State law.

**To BOS Staff: Document Disposition/Follow-Up:**

Return to Finance after BOS approval.

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**Budget Information**

*Information about available funds*

**Budgeted:**

**Funds Available:**

**Amount Available:**

**Unbudgeted:**

**Funds NOT Available:**

**Amendment:**

**Account Code(s) for Available Funds**

1:

**Fund Transfers**

**Attachments**

*No file(s) attached.*

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**Regular Board of Supervisors Meeting****Workforce Development****Meeting Date:** 09/10/2019

Approve the appointment of Mr. Brad Dale to the Local Workforce Development Board

**Submitted By:** Anita Baca, Housing Authority**Department:** Housing Authority**Presentation:** No A/V Presentation      **Recommendation:** Approve**Document Signatures:** BOS Signature Required      **# of ORIGINALS Submitted for Signature:** 0**NAME of PRESENTER:** N/A      **TITLE of PRESENTER:** N/A**Docket Number (If applicable):****Mandated Function?:** Not Mandated      **Source of Mandate or Basis for Support?:****Information****Agenda Item Text:**

Approve the appointment of Mr. Brad Dale to the Local Workforce Development Board to fill an unexpired term, effective immediately through June, 30, 2023.

**Background:**

Attached is the appointment letter for Mr. Dale. The Workforce Development Board appointments are made by the Board of Supervisors upon recommendation of a 'represented segment' on the WIOA Board. Attached is a list showing each of the WIOA Board appointees, with appointment date and date term expires.

**Department's Next Steps (if approved):**

If approved, WIOA will be notified of the appointments and we will request confirmation of an updated WIOA board appointees list.

**Impact of NOT Approving/Alternatives:**

Vacancies will continue to exist on the WIOA Board with certain segments not being adequately represented.

**To BOS Staff: Document Disposition/Follow-Up:**

Once approved send appointment letter to Mr. Brad Dale at 5741 South Mountainside Lane, Hereford, Arizona 85615 with Oath of Office and Open Meeting Law requirements and email a scanned copy (letter only) to Johanna Scott at [jscott@cpic-cs.org](mailto:jscott@cpic-cs.org).

**Attachments**

Dale Workforce Development Board Appointment Letter  
List



**Cochise College Adult Education**

Date: 7/22/19

County Board of Supervisors  
1415 Melody Lane  
Bisbee, Arizona 85603

Dear Board of Supervisors,

I understand there is a vacant seat on the Arizona@Work-Southeastern Arizona Board of Directors, and I would like to nominate Brad Dale from Cochise College Adult Education.

Brad Dale has been a long time and active member of the business community, and currently is the Director for the Cochise College Adult Education program..

I believe that Brad Dale will be a valuable member of the Local Workforce Development Board. Brad is very resourceful, gets along well with others, and thrive on finding resolutions to problems/situations. I am confident that these qualities as well as Brad's commitment will be an asset to the Arizona@Work Local Workforce Development Board.

Sincerely,

*Mark Boggie*

Mark Boggie (Jul 23, 2019)

Mark Boggie  
Dean of Student Success  
Cochise College  
520-515-5451  
bogeem@cochise.edu



**Southeastern Arizona Workforce Development Board  
2015-2023**

<b>Member Name</b>	<b>Mo/Year Appointed</b>	<b>Service Term</b>	<b>Term Expiration</b>
<b><i>Four Year Terms 2017 – 2023</i></b>			
Tim Taylor	October 2017	4 Year	6/30/2021
Teresa Celestine	October 2017	4 Year	6/30/2021
David Howard	October 2017	4 Year	6/30/2021
Steven Garate	October 2017	4 Year	6/30/2021
Tony Boone	November 2017	4 Year	6/30/2021
Brad Dale	September 2019	4 Year	6/30/2023
<b><i>Four Year Terms 2018 – 2022</i></b>			
Lauri Martin	May 2018	4 Year	6/30/2022
Doris Tolbert	July 2018	4 Year	6/30/2022
Jack Bauer	July 2018	4 Year	6/30/2022
Ron Curtis	July 2018	4 Year	6/30/2022
Jason Bowling	July 2018	4 Year	6/30/2022
Evonne Cummins	July 2018	4 Year	6/30/2022
Kathleen Bullock	July 2018	4 Year	6/30/2022
Mike Crockett	July 2018	4 Year	6/30/2022
Matt Bolinger	Sept 2018	4 Year	6/30/2022
Mark Gallego	October 2015	4 Year	6/30/2018
Jennifer Martin	September 2018	4 Year	6/30/2022
Abriel Quiroz	November 2018	4 Year	6/30/2022
Wick Lewis	December 2018	4 Year	6/30/2022
Javier Villalobos	January 2019	4 Year	6/30/2022
Emily Muteb	January 2019	4 Year	6/30/2022

**Regular Board of Supervisors Meeting**

**Meeting Date:** 09/10/2019

Multi-License Acquisition of Control-Salvatore Vineyards- Series 13

**Submitted By:** Melissa Tucker, Board of Supervisors

**Department:** Board of Supervisors

**Presentation:** No A/V **Recommendation:** Approve  
Presentation

**Document Signatures:** BOS **# of ORIGINALS**  
Signature **Submitted for Signature:**  
NOT  
Required

**NAME** Arlethe R. **TITLE** Clerk of the Board  
**of PRESENTER:** Morrison **of PRESENTER:**

**Mandated Function?:** Not **Source of Mandate**  
Mandated **or Basis for Support?:**

**Docket Number (If applicable):**

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**Information**

**Agenda Item Text:**

Approve a Multi-License Acquisition of Control application for a series #13 Farm Winery license submitted by Ms. Arlene Linda Domanico for Salvatore Vineyards, located at 3052 N. Fort Grand Road in Willcox, AZ 85643.

**Background:**

Ms. Arlene Domanicol has applied for a series #13 Farm Winery liquor license for Salvatore Vineyards located at 3052 N. Fort Grant Road, Willcox, AZ 85643. The Sheriff's Office has no recommendation and the Treasurer's Office advised that the property taxes for the parcel in question are current. The Development Services Department has recommended approval of the application. There have been no formal protests to this liquor license.

The Health Department will notify the applicant that he/she will be required to obtain the proper permits before operating the business.

Ms.Domanico has paid the \$100.00 processing fee. Supporting documentation regarding this liquor license is attached.

**Department's Next Steps (if approved):**

Board staff will forward the Board's decision to the Arizona Department of Liquor License and Control.

**Impact of NOT Approving/Alternatives:**

A hearing on this application will be scheduled with the State Liquor Board.

**To BOS Staff: Document Disposition/Follow-Up:**

Send packet to ADLLC and copy of letter w/out attachments to applicant.

---

**Budget Information**

*Information about available funds*

**Budgeted:**

**Funds Available:**

**Amount Available:**

**Unbudgeted:**

**Funds NOT Available:**

**Amendment:**

**Account Code(s) for Available Funds**

1:

**Fund Transfers**

**Attachments**

*No file(s) attached.*

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**Regular Board of Supervisors Meeting**

**Meeting Date:** 09/10/2019  
2019 Real Property Tax Abatements  
**Submitted By:** Maria Pitzlin, County Treasurer  
**Department:** County Treasurer  
**Presentation:** No A/V Presentation  
**Document Signatures:** BOS Signature Required  
**NAME of PRESENTER:** Catherine L. Traywick  
**Mandated Function?:** Federal or State Mandate

**Recommendation:** Approve  
**# of ORIGINALS Submitted for Signature:** 1  
**TITLE of PRESENTER:** Treasurer  
**Source of Mandate or Basis for Support?:** 42-18352

**Docket Number (If applicable):**

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**Information**

**Agenda Item Text:**

Approve the recommendation of the County Treasurer for the abatement of property taxes and interest on personal property and the removal of personal property tax liens on Treasurer's Certificate of Clearance No. 2019-0001 to 2019-0021.

**Background:**

Pursuant to A.R.S. 42-18352 after a diligent investigation and search by this Office and the Assessor's Office, we have determined that the personal property that was subject to the taxes was removed, destroyed and no longer has any real value that would warrant collection. We are requesting to abate property on the Treasurer's Certificate of Clearance No. 2019-0001 to 2019-0021, the authority to delete the taxes from the collection list.

**Department's Next Steps (if approved):**

If approved, sign the Treasurer's Certificate of Clearance No. 2019-0001 to 2019-0021, and return copy to Treasurer's office.

**Impact of NOT Approving/Alternatives:**

Cost of pursuing the collection procedures of personal property would continue to increase with no return revenue.

**To BOS Staff: Document Disposition/Follow-Up:**

Signature required on approved Certificate's of Clearance

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**Budget Information**

*Information about available funds*

**Budgeted:**       **Funds Available:**       **Amount Available:**  
**Unbudgeted:**       **Funds NOT Available:**       **Amendment:**

**Account Code(s) for Available Funds**

1:

**Fund Transfers**

**Fiscal Year:** 2019-2020

**One-time Fixed Costs? (\$\$\$):** 201869.65

**Ongoing Costs? (\$\$\$):**

**County Match Required? (\$\$\$):**

**A-87 Overhead Amt? (Co. Cost Allocation \$\$\$):**

**Source of Funding?:**

**Fiscal Impact & Funding Sources (if known):**

\$ 44,796.64 Uncollected Tax Revenue  
\$157,073.01 Uncollected Fees and Penalties  
\$201,869.65 One-time Fixed Costs

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**Attachments**

2019 Abatements

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TREASURER'S CERTIFICATE OF CLEARANCE

State of Arizona

County of Cochise

Date: 26-Aug-19

I certify that the real property described below, and the owner or his successors or assigns, have not been located after diligent search. In accordance with A.R.S. 42-18352. (D), I declare the tax on the real property is uncollectible, and request approval to delete the tax, interest and penalties from my records.

Certificate # 2019 0001

Owner of Record: ATLANTIC RICHFIELD  
C/O A J SIMON

Doing Business as: ATLANTIC RICHFIELD

Last Known Address: 115 E POMONA RD, PHOENIX AZ 85020

Property Description: BULK STATION ON LEASED LAND, LEASED FROM SPAR CO IN SW NW OF SEC 13 24 27

Year	Tax Parcel#	Tax Roll Number(s)	Tax Amount (s)	Int/Pen	Total(s)
1982	500 27 005 02	98512	\$ 133.70	\$ 3,305.58	\$ 3,439.28
1983	500 27 005 02	99640	\$ 126.96	\$ 722.82	\$ 849.78
					\$ -
					\$ -
					\$ -
					\$ -
		Total	\$ 260.66	\$ 4,028.40	\$ 4,289.06

By:   
Catherine L. Traywick, Cochise County Treasurer

Approved by Board of Supervisors

By: \_\_\_\_\_

Chairman, Board of Supervisors

Date: \_\_\_\_\_

RP005 (08/19)

TREASURER'S CERTIFICATE OF CLEARANCE

State of Arizona

County of Cochise

Date: 26-Aug-19

I certify that the real property described below, and the owner or his successors or assigns, have not been located after diligent search. In accordance with A.R.S. 42-18352. (D), I declare the tax on the real property is uncollectible, and request approval to delete the tax, interest and penalties from my records.

Certificate # 2019 0002
Owner of Record: DYNEGY CONNECT C/O JAMES DAVIS
Doing Business as: DYNEGY CONNECT
Last Known Address: PO BOX 870849, MESQUITE TX 75187
Property Description: TOTAL VALUE OF OPERATING PROPERTY

Table with 5 columns: Year, Tax Parcel#, Tax Roll Number(s), Tax Amount (s) Int/Pen, Total(s). Row 1: 2003, 993 46 400 04, 112047, \$ 807.66 \$ 2,568.63, \$ 3,376.29

Total \$ 807.66 \$ 2,568.63 \$ 3,376.29

By: Catherine L. Traywick
Catherine L. Traywick, Cochise County Treasurer

Approved by Board of Supervisors

By: \_\_\_\_\_

Chairman, Board of Supervisors

Date: \_\_\_\_\_

RP005 (08/19)

TREASURER'S CERTIFICATE OF CLEARANCE

State of Arizona

County of Cochise

Date: 26-Aug-19

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Certificate # 2019 0003
Owner of Record: TOMBSTONE SILVER MINES C/O W.W. GRACE
Doing Business as: TOMBSTONE SILVER MINES
Last Known Address: P O BOX 715, TOMBSTONE, AZ 85638
Property Description: TOTAL VALUE OF PRODUCING MINES 609 05 017B

Table with 6 columns: Year, Tax Parcel#, Tax Roll Number(s), Tax Amount (s), Int/Pen, Total(s). Rows include 1986, 1987, and a Total row.

By: Catherine L. Traywick
Catherine L. Traywick, Cochise County Treasurer

Approved by Board of Supervisors

By: \_\_\_\_\_

Chairman, Board of Supervisors

Date: \_\_\_\_\_

RP005 (08/19)

TREASURER'S CERTIFICATE OF CLEARANCE

State of Arizona

County of Cochise

Date: 26-Aug-19

I certify that the real property described below, and the owner or his successors or assigns, have not been located after diligent search. In accordance with A.R.S. 42-18352. (D), I declare the tax on the real property is uncollectible, and request approval to delete the tax, interest and penalties from my records.

Certificate # 2019 0004

Owner of Record: TOMBSTONE EXPLORATION INC  
C/O THOMAS & HARRIE SCHLOSS

Doing Business as: TOMBSTONE EXPLORATION INC

Last Known Address: 7 PRIORY LANE, PELHAM MANOR NY 10803

Property Description: TOTAL VALUE OF OPERATING PROPERTY

Year	Tax Parcel#	Tax Roll Number(s)	Tax Amount (s)	Int/Pen	Total(s)
1984	996 80 100 Y 1	100753	\$ 917.18	\$ 6,021.94	\$ 6,939.12
1985	996 80 100 Y 1	101872	\$ 1,486.60	\$ 8,062.33	\$ 9,548.93
					\$ -
					\$ -
					\$ -
					\$ -
		<b>Total</b>	<b>\$ 2,403.78</b>	<b>\$ 14,084.27</b>	<b>\$ 16,488.05</b>

By: Catherine L. Traywick  
Catherine L. Traywick, Cochise County Treasurer

Approved by Board of Supervisors

By: \_\_\_\_\_

Chairman, Board of Supervisors

Date: \_\_\_\_\_

RP005 (08/19)

TREASURER'S CERTIFICATE OF CLEARANCE

State of Arizona

County of Cochise

Date: 26-Aug-19

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Certificate # 2019 0005

Owner of Record: TOMBSTONE EXPLORATION INC C/O THOMAS & HARRIE SCHLOSS

Doing Business as: TOMBSTONE EXPLORATION INC

Last Known Address: 7 PRIORY LANE, PELHAM MANOR NY 10803

Property Description: TOTAL VALUE OF OPERATING PROPERTY

Year	Tax Parcel#	Tax Roll Number(s)	Tax Amount (s Int/Pen		Total(s)
1984	996 80 160 Y5	100754	\$ 3,037.74	\$ 19,860.47	\$ 22,898.21
1985	996 80 160 Y5	101873	\$ 4,937.28	\$ 26,776.51	\$ 31,713.79
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -

Total \$ 7,975.02 \$ 46,636.98 \$ 54,612.00

By: Catherine L. Traywick  
Catherine L. Traywick, Cochise County Treasurer

Approved by Board of Supervisors

By: \_\_\_\_\_

Chairman, Board of Supervisors

Date: \_\_\_\_\_

RP005 (08/19)

TREASURER'S CERTIFICATE OF CLEARANCE

State of Arizona

County of Cochise

Date: 26-Aug-19

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Certificate # 2019 0006
Owner of Record: SAN PEDRO OPERATING CO.LLC C/O DAVID PARKINSON
Doing Business as: SAN PEDRO OPERATING CO. LLC
Last Known Address: P O BOX 1420, BENSON AZ 85602
Property Description: TOTAL VALUE OF OPERATING PROPERTY

Table with 5 columns: Year, Tax Parcel#, Tax Roll Number(s), Tax Amount (s) Int/Pen, Total(s). Row 1: 2012, 970 91 320 08, 122459, \$ 1,264.14 \$ 1,710.94, \$ 2,975.08. Subsequent rows show zeros.

Total \$ 1,264.14 \$ 1,710.94 \$ 2,975.08

By: Catherine L. Traywick
Catherine L. Traywick, Cochise County Treasurer

Approved by Board of Supervisors

By: \_\_\_\_\_

Chairman, Board of Supervisors

Date: \_\_\_\_\_

RP005 (08/19)

TREASURER'S CERTIFICATE OF CLEARANCE

State of Arizona

County of Cochise

Date: 26-Aug-19

I certify that the real property described below, and the owner or his successors or assigns, have not been located after diligent search. In accordance with A.R.S. 42-18352. (D), I declare the tax on the real property is uncollectible, and request approval to delete the tax, interest and penalties from my records.

Certificate # 2019 0007
Owner of Record: SAN PEDRO OPERATING CO.LLC C/O DAVID PARKINSON
Doing Business as: SAN PEDRO OPERATING CO. LLC
Last Known Address: P O BOX 1420, BENSON AZ 85602
Property Description: TOTAL VALUE OF OPERATING PROPERTY

Table with 5 columns: Year, Tax Parcel#, Tax Roll Number(s), Tax Amount (s) Int/Pen, Total(s). Row 1: 2012, 970 92 170 02, 122462, \$ 146.36 \$ 258.06, \$ 404.42. Total row: Total, \$ 146.36 \$ 258.06 \$ 404.42

By: Catherine L. Traywick
Catherine L. Traywick, Cochise County Treasurer

Approved by Board of Supervisors

By: \_\_\_\_\_

Chairman, Board of Supervisors

Date: \_\_\_\_\_

RP005 (08/19)

TREASURER'S CERTIFICATE OF CLEARANCE

State of Arizona

County of Cochise

Date: 26-Aug-19

I certify that the real property described below, and the owner or his successors or assigns, have not been located after diligent search. In accordance with A.R.S. 42-18352. (D), I declare the tax on the real property is uncollectible, and request approval to delete the tax, interest and penalties from my records.

Certificate # 2019 0008

Owner of Record: SAN PEDRO OPERATING CO.LLC C/O DAVID PARKINSON

Doing Business as: SAN PEDRO OPERATING CO. LLC

Last Known Address: P O BOX 1420, BENSON AZ 85602

Property Description: TOTAL VALUE OF OPERATING PROPERTY

Year	Tax Parcel#	Tax Roll Number(s)	Tax Amount (s)	Int/Pen	Total(s)
2012	970 91 300 00	122458	\$ 60.76	\$ 154.83	\$ 215.59
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$

Total \$ 60.76 \$ 154.83 \$ 215.59

By: *Catherine L. Traywick*  
Catherine L. Traywick, Cochise County Treasurer

Approved by Board of Supervisors

By: \_\_\_\_\_

Chairman, Board of Supervisors

Date: \_\_\_\_\_

RP005 (08/19)

TREASURER'S CERTIFICATE OF CLEARANCE

State of Arizona

County of Cochise

Date: 26-Aug-19

I certify that the real property described below, and the owner or his successors or assigns, have not been located after diligent search. In accordance with A.R.S. 42-18352. (D), I declare the tax on the real property is uncollectible, and request approval to delete the tax, interest and penalties from my records.

Certificate # 2019 0009

Owner of Record: WINCHESTER WATER CO. C/O PHIL AUERNHEIMER

Doing Business as: WINCHESTER WATER CO

Last Known Address: 7925 N ORACEL RD # A 202, TUCSON AZ 85704

Property Description: TOTAL VALUE OF OPERATING PROPERTY 201 07 014 300 201 07 244 900

Year	Tax Parcel#	Tax Roll Number(s)	Tax Amount (s)	Int/Pen	Total(s)
2014	932 91 300 02	122396	\$ 1,472.03	\$ 1,286.89	\$ 2,758.92
2015	932 91 300 02	122471	\$ 1,427.61	\$ 842.12	\$ 2,269.73
2016	932 91 300 02	122256	\$ 2,467.02	\$ 1,143.05	\$ 3,610.07
2018	932 91 300 02	N/A	\$ 2,194.62	\$ 204.83	\$ 2,399.45
					\$
					\$
					\$

Total \$ 7,561.28 \$ 3,476.89 \$ 11,038.17

By: Catherine L. Traywick  
Catherine L. Traywick, Cochise County Treasurer

Approved by Board of Supervisors

By: \_\_\_\_\_

Chairman, Board of Supervisors

Date: \_\_\_\_\_

RP005 (08/19)

TREASURER'S CERTIFICATE OF CLEARANCE

State of Arizona

County of Cochise

Date: 26-Aug-19

I certify that the real property described below, and the owner or his successors or assigns, have not been located after diligent search. In accordance with A.R.S. 42-18352. (D), I declare the tax on the real property is uncollectible, and request approval to delete the tax, interest and penalties from my records.

Certificate # 2019 0010
Owner of Record: SOUTHWESTERN FARM & CATTLE CO. C/O JOSEPH RAE
Doing Business as: SOUTHWESTERN FARM & CATTLE CO.
Last Known Address: 48 N TUCSON BLVD #100, TUCSON AZ 85716
Property Description: TOTAL VALUE OF OPERATING PROPERTY

Table with 6 columns: Year, Tax Parcel#, Tax Roll Number(s), Tax Amount (s), Int/Pen, Total(s). Rows include years 1989-1992 and a Total row.

By: Catherine L. Traywick
Catherine L. Traywick, Cochise County Treasurer

Approved by Board of Supervisors

By: \_\_\_\_\_

Chairman, Board of Supervisors

Date: \_\_\_\_\_

RP005 (08/19)

TREASURER'S CERTIFICATE OF CLEARANCE

State of Arizona

County of Cochise

Date: 26-Aug-19

I certify that the real property described below, and the owner or his successors or assigns, have not been located after diligent search. In accordance with A.R.S. 42-18352. (D), I declare the tax on the real property is uncollectible, and request approval to delete the tax, interest and penalties from my records.

Certificate # 2019 0011
Owner of Record: DYNEGY CONNECT C/O JAMES DAVIS
Doing Business as: DYNEGY CONNECT
Last Known Address: PO BOX 870849, MESQUITE TX 75187
Property Description: TOTAL VALUE OF OPERATING PROPERTY

Table with 5 columns: Year, Tax Parcel#, Tax Roll Number(s), Tax Amount (s) Int/Pen, Total(s). Row 1: 2003, 993 40 900 01, 112036, \$ 1,868.68 \$ 5,817.47, \$ 7,686.15

Total \$ 1,868.68 \$ 5,817.47 \$ 7,686.15

By: Catherine L. Traywick
Catherine L. Traywick, Cochise County Treasurer

Approved by Board of Supervisors

By: \_\_\_\_\_

Chairman, Board of Supervisors

Date: \_\_\_\_\_

RP005 (08/19)

TREASURER'S CERTIFICATE OF CLEARANCE

State of Arizona

County of Cochise

Date: 26-Aug-19

I certify that the real property described below, and the owner or his successors or assigns, have not been located after diligent search. In accordance with A.R.S. 42-18352. (D), I declare the tax on the real property is uncollectible, and request approval to delete the tax, interest and penalties from my records.

Certificate # 2019 0012
Owner of Record: DYNEGY CONNECT C/O JAMES DAVIS
Doing Business as: DYNEGY CONNECT
Last Known Address: PO BOX 870849, MESQUITE TX 75187
Property Description: TOTAL VALUE OF OPERATING PROPERTY

Table with 5 columns: Year, Tax Parcel#, Tax Roll Number(s), Tax Amount (s) Int/Pen, Total(s). Row 1: 2003, 993 40 980 03, 112037, \$ 4,711.72 \$ 14,521.06, \$ 19,232.78. Subsequent rows show \$ - for each column.

Total \$ 4,711.72 \$ 14,521.06 \$ 19,232.78

By: Catherine L. Traywick
Catherine L. Traywick, Cochise County Treasurer

Approved by Board of Supervisors

By: \_\_\_\_\_

Chairman, Board of Supervisors

Date: \_\_\_\_\_

RP005 (08/19)

TREASURER'S CERTIFICATE OF CLEARANCE

State of Arizona

County of Cochise

Date: 26-Aug-19

I certify that the real property described below, and the owner or his successors or assigns, have not been located after diligent search. In accordance with A.R.S. 42-18352. (D), I declare the tax on the real property is uncollectible, and request approval to delete the tax, interest and penalties from my records.

Certificate # 2019 0013
Owner of Record: DYNEGY CONNECT C/O JAMES DAVIS
Doing Business as: DYNEGY CONNECT
Last Known Address: PO BOX 870849, MESQUITE TX 75187
Property Description: TOTAL VALUE OF OPERATING PROPERTY

Table with 5 columns: Year, Tax Parcel#, Tax Roll Number(s), Tax Amount (s) Int/Pen, Total(s). Row 1: 2003, 993 41 300 02, 112038, \$ 1,194.54 \$ 3,753.14, \$ 4,947.68. Total row: Total \$ 1,194.54 \$ 3,753.14 \$ 4,947.68

By: Catherine L. Traywick
Catherine L. Traywick, Cochise County Treasurer

Approved by Board of Supervisors

By: \_\_\_\_\_

Chairman, Board of Supervisors

Date: \_\_\_\_\_

RP005 (08/19)

TREASURER'S CERTIFICATE OF CLEARANCE

State of Arizona

County of Cochise

Date: 26-Aug-19

I certify that the real property described below, and the owner or his successors or assigns, have not been located after diligent search. In accordance with A.R.S. 42-18352. (D), I declare the tax on the real property is uncollectible, and request approval to delete the tax, interest and penalties from my records.

Certificate # 2019 0014
Owner of Record: DYNEGY CONNECT C/O JAMES DAVIS
Doing Business as: DYNEGY CONNECT
Last Known Address: PO BOX 870849, MESQUITE TX 75187
Property Description: TOTAL VALUE OF OPERATING PROPERTY

Table with 5 columns: Year, Tax Parcel#, Tax Roll Number(s), Tax Amount (s) Int/Pen, Total(s). Row 1: 2003, 993 41 320 00, 112039, \$ 102.60 \$ 410.16, \$ 512.76. Total row: Total \$ 102.60 \$ 410.16 \$ 512.76

By: Catherine L. Traywick
Catherine L. Traywick, Cochise County Treasurer

Approved by Board of Supervisors

By: \_\_\_\_\_

Chairman, Board of Supervisors

Date: \_\_\_\_\_

RP005 (08/19)

TREASURER'S CERTIFICATE OF CLEARANCE

State of Arizona

County of Cochise

Date: 26-Aug-19

I certify that the real property described below, and the owner or his successors or assigns, have not been located after diligent search. In accordance with A.R.S. 42-18352. (D), I declare the tax on the real property is uncollectible, and request approval to delete the tax, interest and penalties from my records.

Certificate # 2019 0015
Owner of Record: DYNEGY CONNECT C/O JAMES DAVIS
Doing Business as: DYNEGY CONNECT
Last Known Address: PO BOX 870849, MESQUITE TX 75187
Property Description: TOTAL VALUE OF OPERATING PROPERTY

Table with 5 columns: Year, Tax Parcel#, Tax Roll Number(s), Tax Amount (s) Int/Pen, Total(s). Row 1: 2003, 993 41 400 09, 112040, \$ 9,531.56 \$ 29,276.64, \$ 38,808.20

Total \$ 9,531.56 \$ 29,276.64 \$ 38,808.20

By: Catherine L. Traywick
Catherine L. Traywick, Cochise County Treasurer

Approved by Board of Supervisors

By: \_\_\_\_\_

Chairman, Board of Supervisors

Date: \_\_\_\_\_

RP005 (08/19)

TREASURER'S CERTIFICATE OF CLEARANCE

State of Arizona

County of Cochise

Date: 26-Aug-19

I certify that the real property described below, and the owner or his successors or assigns, have not been located after diligent search. In accordance with A.R.S. 42-18352. (D), I declare the tax on the real property is uncollectible, and request approval to delete the tax, interest and penalties from my records.

Certificate # 2019 0016
Owner of Record: DYNEGY CONNECT C/O JAMES DAVIS
Doing Business as: DYNEGY CONNECT
Last Known Address: PO BOX 870849, MESQUITE TX 75187
Property Description: TOTAL VALUE OF OPERATING PROPERTY

Table with 5 columns: Year, Tax Parcel#, Tax Roll Number(s), Tax Amount (s) Int/Pen, Total(s). Row 1: 2003, 993 41 470 02, 112041, \$ 764.44 \$ 2,437.02, \$ 3,201.46. Subsequent rows show \$ - for each column.

Total \$ 764.44 \$ 2,437.02 \$ 3,201.46

By: Catherine L. Traywick
Catherine L. Traywick, Cochise County Treasurer

Approved by Board of Supervisors

By: \_\_\_\_\_

Chairman, Board of Supervisors

Date: \_\_\_\_\_

RP005 (08/19)

TREASURER'S CERTIFICATE OF CLEARANCE

State of Arizona

County of Cochise

Date: 26-Aug-19

I certify that the real property described below, and the owner or his successors or assigns, have not been located after diligent search. In accordance with A.R.S. 42-18352. (D), I declare the tax on the real property is uncollectible, and request approval to delete the tax, interest and penalties from my records.

Certificate # 2019 0017
Owner of Record: DYNEGY CONNECT C/O JAMES DAVIS
Doing Business as: DYNEGY CONNECT
Last Known Address: PO BOX 870849, MESQUITE TX 75187
Property Description: TOTAL VALUE OF OPERATING PROPERTY

Table with columns: Year, Tax Parcel#, Tax Roll Number(s), Tax Amount (s) Int/Pen, Total(s). Row 1: 2003, 993 41 475 07, 112042, \$ 259.44 \$ 890.69, \$ 1,150.13. Total row: Total \$ 259.44 \$ 890.69 \$ 1,150.13

By: Catherine L. Traywick
Catherine L. Traywick, Cochise County Treasurer

Approved by Board of Supervisors

By: \_\_\_\_\_

Chairman, Board of Supervisors

Date: \_\_\_\_\_

RP005 (08/19)

TREASURER'S CERTIFICATE OF CLEARANCE

State of Arizona

County of Cochise

Date: 26-Aug-19

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Certificate # 2019 0018
Owner of Record: DYNEGY CONNECT C/O JAMES DAVIS
Doing Business as: DYNEGY CONNECT
Last Known Address: PO BOX 870849, MESQUITE TX 75187
Property Description: TOTAL VALUE OF OPERATING PROPERTY

Table with 5 columns: Year, Tax Parcel#, Tax Roll Number(s), Tax Amount (s) Int/Pen, Total(s). Row 1: 2003, 993 41 800 07, 112043, \$ 345.36 \$ 1,153.51, \$ 1,498.87. Subsequent rows show \$ and -.

Total \$ 345.36 \$ 1,153.51 \$ 1,498.87

By: Catherine L. Traywick
Catherine L. Traywick, Cochise County Treasurer

Approved by Board of Supervisors

By: \_\_\_\_\_

Chairman, Board of Supervisors

Date: \_\_\_\_\_

RP005 (08/19)

TREASURER'S CERTIFICATE OF CLEARANCE

State of Arizona

County of Cochise

Date: 26-Aug-19

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Certificate # 2019 0019
Owner of Record: DYNEGY CONNECT C/O JAMES DAVIS
Doing Business as: DYNEGY CONNECT
Last Known Address: PO BOX 870849, MESQUITE TX 75187
Property Description: TOTAL VALUE OF OPERATING PROPERTY

Table with 5 columns: Year, Tax Parcel#, Tax Roll Number(s), Tax Amount (s) Int/Pen, Total(s). Row 1: 2003, 993 41 870 00, 112044, \$ 1,354.16 \$ 4,242.32, \$ 5,596.48. Total row: Total, \$ 1,354.16 \$ 4,242.32 \$ 5,596.48.

By: Catherine L. Traywick
Catherine L. Traywick, Cochise County Treasurer

Approved by Board of Supervisors

By: \_\_\_\_\_

Chairman, Board of Supervisors

Date: \_\_\_\_\_

RP005 (08/19)

TREASURER'S CERTIFICATE OF CLEARANCE

State of Arizona

County of Cochise

Date: 26-Aug-19

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Certificate # 2019 0020
Owner of Record: DYNEGY CONNECT C/O JAMES DAVIS
Doing Business as: DYNEGY CONNECT
Last Known Address: PO BOX 870849, MESQUITE TX 75187
Property Description: TOTAL VALUE OF OPERATING PROPERTY

Table with 5 columns: Year, Tax Parcel#, Tax Roll Number(s), Tax Amount (s) Int/Pen, Total(s). Row 1: 2003, 993 41 875 05, 112045, \$ 55.04 \$ 279.47, \$ 334.51. Total row: Total \$ 55.04 \$ 279.47 \$ 334.51

By: Catherine L. Traywick
Catherine L. Traywick, Cochise County Treasurer

Approved by Board of Supervisors

By: \_\_\_\_\_

Chairman, Board of Supervisors

Date: \_\_\_\_\_

RP005 (08/19)

TREASURER'S CERTIFICATE OF CLEARANCE

State of Arizona

County of Cochise

Date: 26-Aug-19

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Certificate # 2019 0021
Owner of Record: DYNEGY CONNECT C/O JAMES DAVIS
Doing Business as: DYNEGY CONNECT
Last Known Address: PO BOX 870849, MESQUITE TX 75187
Property Description: TOTAL VALUE OF OPERATING PROPERTY

Table with 5 columns: Year, Tax Parcel#, Tax Roll Number(s), Tax Amount (s) Int/Pen, Total(s). Row 1: 2003, 993 42 600 06, 112046, \$ 502.30 \$ 1,634.31, \$ 2,136.61. Total row: Total \$ 502.30 \$ 1,634.31 \$ 2,136.61

By: Catherine L. Traywick
Catherine L. Traywick, Cochise County Treasurer

Approved by Board of Supervisors

By: \_\_\_\_\_

Chairman, Board of Supervisors

Date: \_\_\_\_\_

RP005 (08/19)

**Regular Board of Supervisors Meeting**

**Meeting Date:** 09/10/2019  
WIC & BFPC Services  
**Submitted By:** Ray Falkenberg, Health & Social Services  
**Department:** Health & Social Services  
**Presentation:** No A/V Presentation  
**Document Signatures:** BOS Signature NOT Required

**Recommendation:** Approve  
**# of ORIGINALS Submitted for Signature:** 0  
**TITLE of PRESENTER:** Prevention Director  
**Source of Mandate or Basis for Support?:**

**NAME of PRESENTER:** Judy Gilligan  
**Mandated Function?:** Not Mandated

You will use this Agenda Item template if your item involves a Grant (whether a new or renewal grant). You also must attach the Grant Approval Form to the item before Finance will approve it. Select the SPECIAL LINKS on your left-hand menu and Click on "Grant Approval Form". Then complete the form, save it and attach it to your item (on the Attachments tab).

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**Information**

**Agenda Item Text:**

Approve IGA CTR040363 Amendment 2, for Women, Infants, and Children (WIC) Services and the Breastfeeding Peer Counselor (BFPC) Program between the Arizona Department of Health Services (ADHS) and the Cochise County Health Department, in the annual amount of \$583,700 for (WIC) and \$63,824 for (BFPC), effective October 1, 2019 through September 30, 2020.

**Background:**

Funding for the WIC (Women, Infants and Children) Supplemental Nutrition and Breastfeeding Peer Counselor Programs come from the United States Department of Agriculture (USDA). The overall goal of all USDA Nutrition Programs is to improve the health status of eligible participants through adoption of healthy behavioral lifestyle changes and to help prevent the occurrence of health problems.

The WIC Program is a supplemental nutrition program for income-eligible women, infants, and children. The WIC Program provides income eligible families with nutrition education and referrals to social services within the County. The Program also provides food vouchers to clients for a variety of nutritionally healthy staple foods, including: milk, eggs, juice, fruit, vegetables, meat, eggs, beans and peanut butter.

The Breastfeeding Peer Counselor Program provides counseling and support services that complement the WIC-provided breastfeeding education by allowing for additional, more in-depth education by a peer counselor trained through a breastfeeding curriculum. The goal of the BFPC program is to increase the incidence and duration of breastfeeding for all breastfeeding women in Cochise County.

IGA CTR040363 is based on an annual caseload of 3,400 pregnant women, post-partum women, infants and children (up to age 5).

**Department's Next Steps (if approved):**

Return signed contract for final execution.

**Impact of NOT Approving/Alternatives:**

The WIC Program has provided nutrition services to low income families in Cochise County for over 30 years. Approximately 3,400 county residents would be impacted by the discontinuation of the WIC and BFPC Programs. During these tough economic times, low-income Cochise County families are depending on the WIC Program to help meet their nutritional needs, reduce health risks and improve health outcomes.

**To BOS Staff: Document Disposition/Follow-Up:**

N/A

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**Budget Information**

*Information about available funds*

**Budgeted:**  **Funds Available:**  **Amount Available:** 647524  
**Unbudgeted:**  **Funds NOT Available:**  **Amendment:**

**Account Code(s) for Available Funds**

1:

**Fund Transfers**

**Fiscal Year:** 2020

**One-time Fixed Costs? (\$\$\$):**  
**Ongoing Costs? (\$\$\$):**  
**County Match Required? (\$\$\$):**

**A-87 Overhead Amt? (Co. Cost Allocation \$\$\$):** 235714

**Source of Funding?:**

**Fiscal Impact & Funding Sources (if known):**

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**Attachments**

Exec Summary

Grant Approval Form

IGA

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Executive Summary Form

**Agenda Number:            4738**

**Recommendation:**

This is to request your approval of IGA CTR040363 Amendment 2, for WIC Services and the Breastfeeding Peer Counselor (BFPC) Program between the Arizona Department of Health Services (ADHS) and the Cochise County Health Department in the annual amount of \$583,700 for WIC and \$63,824 for BFPC, for the period of 10/1/2019 – 9/30/2020.

**Background (Brief):**

Funding for the WIC (Women, Infants and Children) Supplemental Nutrition and Breastfeeding Peer Counselor Programs come from the United States Department of Agriculture (USDA). The overall goal of all USDA Nutrition Programs is to improve the health status of eligible participants through adoption of healthy behavioral lifestyle changes and to help prevent the occurrence of health problems.

The WIC Program is a supplemental nutrition program for income-eligible women, infants, and children. The WIC Program provides income eligible families with nutrition education and referrals to social services within the County. The Program also provides food vouchers to clients for a variety of nutritionally healthy staple foods, including: milk, eggs, juice, fruit, vegetables, meat, eggs, beans and peanut butter.

The Breastfeeding Peer Counselor Program provides counseling and support services that complement the WIC-provided breastfeeding education by allowing for additional, more in-depth education by a peer counselor trained through a breastfeeding curriculum. The goal of the BFPC program is to increase the incidence and duration of breastfeeding for all breastfeeding women in Cochise County.

IGA CTR040363 is based on an annual caseload of 3,400 pregnant women, post-partum women, infants and children (up to age 5).

**Fiscal Impact & Funding Sources:**

The WIC and BFPC grant is a cost-reimbursement grant. The total net county subsidy for the contract is \$235,714, calculated as follows:

Grant	Amount	Salaries + ERE's	Negotiated Overhead	A-87 OH @50.57%	<b>Net Co. Subsidy</b>
WIC	\$583,700	\$468,265	\$27,817	\$236,802	<b>\$208,985</b>
BFPC	\$63,824	\$52,856	\$0	\$26,729	<b>\$26,729</b>
Total:	\$647,524	\$521,121	\$27,817	\$263,531	<b>\$235,714</b>

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

Your approvals are respectfully requested.

**Impact of Not Approving:**

The WIC Program has provided nutrition services to low income families in Cochise County for over 30 years. Approximately 3,400 county residents would be impacted by the discontinuation of the WIC and BFPC Programs. During these tough economic times, low-income Cochise County families are depending on the WIC Program to help meet their nutritional needs, reduce health risks and improve health outcomes.

# COCHISE COUNTY GRANT APPROVAL FORM

Form Initiator:

Date Prepared:

Point of Contact:

Phone Number:

Department:

---

## PRIMARY GRANT

Primary Grantor:

CFDA:  
[www.CFDA.gov](http://www.CFDA.gov)

Grant Title:

Grant Term From:

To:

Total Award Amount:

New Grant:      Yes      No

Grant No:

Amendment:      Yes      No

Amendment No:

GL Account No:

If new, Finance will assign a fund number.

Strategic Plan:

District:

Mandated by Law

Yes

No

Number of Positions Funded:

Asset(s) Acquired:

Grantor's reimbursement mileage rate:

Health or pension reimbursement:

Other reimbursement:

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:

Has this amount been budgeted? Yes No

Method of collecting funds: Lump Sum Quarterly Draw Reimbursement

Is revertment of unexpected funds required at the end of grant period? Yes No

(a) Total indirect (A-87) Cost Allocation:

(b) Amount of overhead allowed by grant:

County Subsidy (a) - (b) =

Is there a Secondary Grant Award associated with this Grant? Yes No

Name of Grant: Funder:

If yes please complete an additional grant approval form.

Is County match required? Yes No

County match source:

County match dollar amount or percentage:

**NOTE: Please attach this Grant Approval form to the AgendaQuick item. The AgendaQuick "Grant Approval template" must be used. Once approved by the Board of Supervisors, the department is responsible for sending a copy of the fully executed GRANT DOCUMENT (not this approval form) to the Finance Department.**



## INTERGOVERNMENTAL AGREEMENT (IGA) Amendment

**ARIZONA DEPARTMENT OF HEALTH SERVICES**  
150 18<sup>th</sup> Ave Suite 260  
Phoenix, Arizona 85007

Contract No.:  
CTR040363

IGA Amendment No: 2  
Arizona Procurement Portal Amendment No.: 5

Procurement Officer  
**Whitni Markotic/Felicia Marquez**

### WIC AND BFPC SERVICES

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

1. Pursuant to Terms and Conditions, Page Seven (7), Provision Six (6), Contract Changes; the Intergovernmental Agreement is amended to revise the following:
  - 1.1 The Scope of Work is revised and replaced by the Scope of Work of this Amendment Two (2).
  - 1.2 The Price Sheet is revised and replaced by the Price Sheet of this Amendment Two (2).
  - 1.3 The Title above has changed from WIC, BFPC, FMNP and ONED SERVICES to WIC and BFPC SERVICES of this Amendment Two (2).

**All other provisions of this agreement remain unchanged.**

Contractor Name: **COCHISE HEALTH AND SOCIAL SERVICES**

Authorized Signature

Address: **1415 MELODY LANE, BUILDING A**

Print Name

<b>BISBEE</b>	<b>ARIZONA</b>	<b>85603</b>
City	State	Zip

**Deputy Director**

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.

*Sara Dent*

8/20/19

Signature

Date

State of Arizona

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_.

**Sara L. Dent**

Print Name

Procurement Officer

Contract No.: **CTR040363**, 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.

Signature

Date

Assistant Attorney General

Print Name



# INTERGOVERNMENTAL AGREEMENT (IGA)

## Amendment

ARIZONA DEPARTMENT OF  
HEALTH SERVICES  
150 18<sup>th</sup> Ave Suite 260  
Phoenix, Arizona 85007

Contract No.:  
CTR040363

IGA Amendment No: 2  
Arizona Procurement Portal Amendment No.: 5

Procurement Officer  
**Whitni Markotic/Felicia  
Marquez**

### SCOPE OF WORK

#### 1. BACKGROUND

The Arizona Department of Health Services (ADHS) Bureau of Nutrition and Physical Activity (BNPA) administers funds provided by the United States Department of Agriculture (USDA) for the operation of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and Breastfeeding Peer Counseling Program (BFPC) for the State of Arizona. The USDA nutrition programs are discretionary, and each provides a specific service to women, infants, and children who are low income and at nutrition risk. The overall goal of all the USDA Nutrition Programs is to improve the health status of eligible participants through adoption of healthy behavioral lifestyle changes and to help prevent the occurrence of health problems.

##### 1.1 WIC Nutrition Services

The WIC Program accomplishes this goal by providing participant-centered services (PCS) including nutrition and breastfeeding information and support, specific supplemental healthy foods through the issuance of food benefits that can be used at ADHS-approved grocery stores and farmers' markets, and referrals to other health and human services as an adjunct to good health care during critical times of growth and development. Service population eligibility for the WIC Program is based upon federal regulations such as participant category (pregnant and breastfeeding woman, infant or child under five years of age), a household income at or below one hundred and eighty-five percent (185%) of federal poverty guidelines, residence within the service area, and nutrition risks.

To be considered as a WIC Local Agency, the organization must be a local public or private non-profit organization, County health department, or tribal entity under contract with ADHS to provide WIC services according to the WIC Program federal regulations and state policies and procedures. The State awards a WIC Contract based on the ability of the organization to provide WIC services, potentially eligible population, need, response to the Scope of Work, information technology capacity, and available funds. The State determines and awards the WIC contract amount based on a funding formula using several factors such as a base level for a program to function, the amount of caseload negotiated with each Local Agency, and quality of performance.

1.1.1 Specific objectives for nutrition services (based on Healthy People 2020 goals) are:

1.1.1.1 To increase the incidence of breastfeeding to eighty-two percent (82%) of women initiating breastfeeding;

1.1.1.2 To increase the duration of breastfeeding to sixty-one percent (61%) of women breastfeeding for the first six (6) months of their baby's life;

1.1.1.3 To increase the duration of breastfeeding to thirty-four percent (34%) of women breastfeeding for the first year of their baby's life;

1.1.1.4 To increase the rate infants are exclusively breastfed to forty-four percent (44%) at three (3) months and twenty-four percent (24%) at six (6) months;

1.1.1.5 To reduce the proportion of adults who are considered obese to thirty-one (31%);

1.1.1.6 To reduce the proportion of children ages two to five (2-5) who are considered obese to ten (10%);

1.1.1.7 To increase the consumption and variety of fruits and vegetables by those two (2) and older;



# INTERGOVERNMENTAL AGREEMENT (IGA) Amendment

ARIZONA DEPARTMENT OF  
HEALTH SERVICES  
150 18<sup>th</sup> Ave Suite 260  
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CTR040363

IGA Amendment No: 2  
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Procurement Officer  
**Whitni Markotic/Felicia  
Marquez**

1.1.1.8 To increase the consumption of whole grains by those two (2) and older; and

1.1.1.9 To increase the proportion of children ages birth to two (0-2) who view no television or videos on an average day to forty-five percent (45%).

## 1.2 Breastfeeding Peer Counseling (BFPC)

1.2.1 In 2003, the USDA Food and Nutrition Service (FNS) entered into a cooperative agreement with Best Start Social Marketing (Best Start) to gather information to obtain a clear understanding of the components that are necessary to sustain effective peer counseling programs and how to structure these programs so they are cost effective and manageable. They developed the program "Using Loving Support to Implement Best Practices in Peer Counseling", which is a training and technical assistance project that will be used as a model to aid WIC in designing, building, maintaining, and sustaining peer counseling programs that will improve breastfeeding initiation and duration rates. Arizona will be using this program to guide and develop the state peer counseling program.

1.2.2 The discretionary peer counseling services are considered an adjunct support to WIC breastfeeding services to help achieve the WIC Nutrition Services objectives regarding breastfeeding.

1.2.3 Peer counseling has been a significant factor in improving initiation and duration rates of breastfeeding among women in a variety of settings, including disadvantaged and WIC populations representing diverse cultural backgrounds and geographical locations. Peer counselors are especially effective in communities where role models for breastfeeding behaviors, knowledgeable health care providers, and cultural practices that include breastfeeding as the norm, are scarce. Combining peer counseling with the ongoing WIC breastfeeding promotion and support efforts has the potential to significantly impact breastfeeding rates among WIC participants, and most significantly, increase the harder to achieve breastfeeding duration rates. WIC Local Agencies are strongly encouraged to provide peer counseling services in addition to the ongoing breastfeeding support to their WIC participants. Contractors must provide a breastfeeding friendly environment and have policies to accommodate participants and staff who are breastfeeding.

## 2. OBJECTIVE

At a minimum, to provide WIC services while allowing each County Health Department Local Agency (Contractor) to provide, at their discretion, Breastfeeding Peer Counseling Services.

## 3. SCOPE OF WORK

### 3.1. WIC Services

The WIC Program Contractor shall perform all the work required to administer and provide WIC services to eligible participants according to the Arizona WIC Program Policies and Procedures Manual (WIC PPM). These include, but are not limited to the following activities:

3.1.1 Perform WIC certification procedures such as categorical and income screening and health and nutrition assessments;

3.1.2 Provide participant centered nutrition and breastfeeding support services to WIC participants;

3.1.3 Provide the mandatory and appropriate additional referrals reflecting the needs of the individual WIC participants;



# INTERGOVERNMENTAL AGREEMENT (IGA)

## Amendment

**ARIZONA DEPARTMENT OF  
HEALTH SERVICES**  
150 18<sup>th</sup> Ave Suite 260  
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**Whitni Markotic/Felicia  
Marquez**

- 3.1.4 Issue WIC food benefits tailored to meet the needs of the participants;
- 3.1.5 Ensure the collection and recording of accurate information;
- 3.1.6 Provide professional training, mentoring and monitoring of WIC staff competencies necessary for delivery of required services;
- 3.1.7 Provide administrative functions for operation of the WIC Program; and
- 3.1.8 Prepare and submit all required plans/reports in accordance with this Agreement and the WIC PPM.

### 3.2. Breastfeeding Peer Counseling (BFPC)

WIC BFPC Contractors shall perform all the work required to administer and provide additional breastfeeding support services to WIC mothers following the Loving Support best practice guidelines for peer counseling services and according to the original Contractor's proposal in order to increase the breastfeeding rate and duration of breastfeeding.

## 4. TASKS AND REQUIREMENTS

### 4.1. WIC Services Outreach, Retention, and Referrals

- 4.1.1 Conduct outreach activities targeting high risk and underserved populations by developing written and verbal presentations or utilizing available materials to inform potentially WIC eligible individuals of the availability of the WIC Program and to explain the benefits of participation according to the outreach plan proposal submitted and accepted with this Agreement.
- 4.1.2 Conduct retention activities to maintain and increase the participation of current WIC enrollees.
- 4.1.3 Establish community partnerships with, at a minimum, the mandatory referral agencies, local hospitals, OB/GYN and pediatricians offices, and provide regular contacts according to the outreach and plan proposal submitted and accepted with this Agreement.
- 4.1.4 Establish community partnerships with community organizations such as food banks, community organizations, human and social services, school districts, etc. according to the outreach and referral plan proposal submitted and accepted with this Agreement.
- 4.1.5 Establish a referral system with breastfeeding/lactation specialists, including but not limited to, International Board Certified Lactation Consultants (IBCLC), Certified Lactation Counselors (CLC), Certified Breastfeeding Counselors (CBC), and Certified Lactation Educators (CLE) according to the outreach and referral plan proposal submitted and accepted with this Agreement.

### 4.2. Additional BFPC Outreach Tasks:

- 4.2.1 Develop and document an internal referral link between WIC Program and WIC Peer Counseling Program when applicable. Interaction between WIC Program and WIC Peer Counseling Program shall occur at least monthly and may be in the form of site visits from Peer Counselors, participation of Peer Counselors in WIC clinic meetings, and/or additional training for WIC clinic staff and Peer Counselors.

### 4.3. Participant Records:

- 4.3.1 Follow and maintain documentation of participant centered certification and administrative procedures as described in the WIC PPM, including but not limited to:



# INTERGOVERNMENTAL AGREEMENT (IGA)

## Amendment

ARIZONA DEPARTMENT OF  
HEALTH SERVICES  
150 18<sup>th</sup> Ave Suite 260  
Phoenix, Arizona 85007

Contract No.:  
CTR040363

IGA Amendment No: 2  
Arizona Procurement Portal Amendment No.: 5

Procurement Officer  
**Whitni Markotic/Felicia  
Marquez**

- 4.3.1.1 Eligibility and ineligibility determinations;
- 4.3.1.2 Nutrition assessments;
- 4.3.1.3 Nutrition and breastfeeding education and support;
- 4.3.1.4 Nutrition and breastfeeding counseling;
- 4.3.1.5 Encourage participants in setting behavioral goals;
- 4.3.1.6 Appropriate referrals;
- 4.3.1.7 Program abuse; and
- 4.3.1.8 Food benefit issuances.
- 4.3.2 Maintain inventory and accountability records, as set forth in the WIC PPM for eWIC cards.
- 4.3.3 Assure participant confidentiality by obtaining written permission from affected program participant(s) prior to the release of participant information to any agency. The Contractor shall have a written agreement, completed in accordance with 7 CFR (Code of Federal Regulations) 246.26 (h)(3), and the Arizona WIC Policy and Procedure Manual, with any agency or program that will share participant information. The above federal regulation details the implementation of a written agreement and state plan to regulate use and disclosure of confidential applicant and participant information.
- 4.3.4 Staff shall only access the WIC Computer Data System and client files for business related reason(s).
- 4.3.5 Ensure paper files containing confidential participant information are stored in a secure location in the clinic, archived when appropriate, and destroyed according to the retention schedule. All files should be destroyed in an appropriate manner.
- 4.3.6 The Contractor shall notify the State Agency immediately by telephone call and email upon the discovery of a breach of a participant's confidentiality.
- 4.3.7 The Contractor shall immediately investigate such security incident, breach, or unauthorized use or disclosure of participant information, including:
  - 4.3.7.1 What data elements were involved and the extent of the data involved in the breach;
  - 4.3.7.2 A description of the unauthorized person(s) known or reasonably believed to have improperly used or disclosed the protected information;
  - 4.3.7.3 A description of where the protected information is believed to have been improperly transmitted, sent, or utilized;
  - 4.3.7.4 A description of the probable causes of the improper use or disclosure; and
  - 4.3.7.5 Whether Arizona Revised Statutes (A.R.S) § 18-545 or any other federal or state laws requiring individual notifications of breaches are triggered.
- 4.3.8 The Contractor shall provide a written report of the investigation to the Chief of the Bureau of Nutrition and Physical Activity (BNPA)/WIC Director and Program Integrity Manager within ten (10) working days of the discovery of the breach or unauthorized use or disclosure. The report shall include the information



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specified above, as well as a full, detailed corrective action plan, including information on measures that were taken to halt and/or contain the improper use or disclosure.

- 4.3.9 The Contractor shall notify individuals of the breach or unauthorized use or disclosure when notification is required under state or federal law and shall pay any costs of such notifications, as well as any costs associated with the breach using non WIC funds. The BNPA Chief/WIC Director, Program Integrity Manager, and Assistant Attorney General shall approve the time, manner and content of any such notifications. The Contractor will arrange and pay for any mitigation (e.g. LifeLock) for participants at risk for identity theft because of breach of security of information.

#### 4.4. Service Delivery and Program Rules

The Contractor shall:

- 4.4.1 Determine eligibility of persons requesting WIC services by screening individuals in accordance with procedures set forth in the WIC PPM; Eligible program participants shall include the following categories whose household income does not exceed 185% of the current designated federal poverty guidelines, who have a nutritional risk as defined in the WIC PPM, and reside in Arizona as defined by the WIC PPM;
- 4.4.1.1 Pregnant women, breastfeeding women up to twelve (12) months post-partum, and non-breastfeeding women up to six (6) months following the end of a pregnancy,
  - 4.4.1.2 Infants from birth to age one (1), and
  - 4.4.1.3 Children from age one (1) year up to five (5) years of age.
- 4.4.2 Provide complete nutrition assessment and document results and follow-up in accordance with Value Enhanced Nutrition Assessment (VENA) initiative as outlined in Chapter 2 and 7 of the Arizona WIC Policy and Procedure Manual.
- 4.4.3 Provide participant-centered nutrition education to participants and appropriately utilize materials provided by the State;
- 4.4.4 Assist participants in setting goals for behavioral change and follow-up on goals set;
- 4.4.5 Promote breastfeeding to WIC participants and provide breastfeeding education and support, and refer to and promote the Breastfeeding Peer Counseling Program, when appropriate;
- 4.4.6 Prescribe and tailor a food package appropriate to the participant's nutritional risk(s), category, and cultural preferences and issue food benefits as set forth in the WIC PPM;
- 4.4.7 Provide program participants with information about available health and social services to which the participant could be referred. The participant shall be provided with written information regarding community services and referrals in accordance with the WIC PPM and Contractor referral procedures;
- 4.4.8 Coordinate WIC Services with other health and social services available within the service area, including but not limited to immunizations, voter registration, and breastfeeding support;
- 4.4.9 Provide information, check for understanding, and document training to participants on program rules, regulations, WIC approved foods, use of eWIC cards, and food benefit use and redemption. The training shall be documented in the participant's record as set forth in the WIC PPM;
- 4.4.10 Consider the impact of scheduling practices, hours of operation, and clinic closures on caseload and WIC applicants' access to services.



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#### 4.4.11 Additional BFPC Service Delivery tasks:

- 4.4.11.1 Accept referrals generated from calls to the ADHS Pregnancy and Breastfeeding Hotline into the Peer Counseling Program;
- 4.4.11.2 Provide peer counseling services, when appropriate. Services shall be made available outside of usual clinic hours and outside of the WIC clinic, but may also be available during usual clinic hours and in the WIC clinic; and
- 4.4.11.3 Provide supervision, mentoring, monitoring, and evaluation of peer counselors, when appropriate.

#### 4.5. Participant-Centered Nutrition Education

The Contractor shall:

4.5.1 Prepare and submit a two (2) year Nutrition Services and Training Plan for participants to include, but not be limited to:

- 4.5.1.1 Adoption and Implementation of ADHS goals for nutrition services. In addition, Local Agencies will identify their own goals for nutrition services in this plan.
- 4.5.1.2 Adoption and implementation of the State objectives for staff training and client interventions related to the goals for nutrition services. In addition, Local Agencies are required to provide at least one (1) additional objective for each goal.

4.5.2 Provide and document participant-centered nutrition education to all WIC adult participants, and to parents or caretakers of participants according to the guidelines of the State Nutrition Services Plans. A minimum of two (2) nutrition education contacts in each six (6) month certification period shall be made and documented in the participant's record. Breastfeeding women, children, infants and migrants from any eligibility category are certified for one (1) year and will receive one (1) nutrition education contact for each three (3) month period. Pregnant women certified through six (6) weeks postpartum will receive one (1) nutrition education contact for each three (3) month period.

4.5.3 Provide and document professional supervision, mentoring and monitoring of staff at the clinic level on a regular basis, in accordance with Contractor Self-Assessment requirements and as often as necessary, to ensure competence.

4.5.4 Offer, as often as necessary, high- and medium-risk nutrition education/counseling by an RD to all participants deemed high-risk upon assessment. As defined in the WIC PPM Local Agencies may designate a Bachelor's degree nutritionist or Dietetic Technician Registered to provide medium-risk counseling to participants under the supervision of the RD.

4.5.5 Expend for nutrition education activities an aggregate amount that is not less than the sum of one-sixth (1/6) of the amount the Contractor receives for provision of WIC services each contract year. If the one-sixth (1/6) amount is not expended for nutrition education activities, ADHS may request the Contractor to return an amount equal to the difference between the one-sixth (1/6) requirement and the actual amount expended IF ADHS must pay a penalty to the Federal Government. Costs that can be applied to meet the one-sixth (1/6) requirement for nutrition education include:

- 4.5.5.1 Salary and other costs for time spent on nutrition education, whether with an individual or group;
- 4.5.5.2 The cost of procuring and producing nutrition education materials;



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4.5.5.3 The cost of training nutrition educators, including costs related to conducting training sessions and purchasing and producing training materials;

4.5.5.4 The cost of conducting participant evaluations of nutrition education;

4.5.5.5 The salary and other costs incurred in developing the nutrition education plan; and

4.5.5.6 Other ADHS-approved costs.

4.5.6 Coordinate nutrition education activities and messages. Wherever possible, the Contractor shall utilize USDA and/or AZ Health Zone materials and messages to ensure common nutrition messages.

4.5.7 The Contractors will provide documentation that a minimum of four percent (4%) of their annual WIC expenditures have been used to support breastfeeding promotion and education. If the 4% is not expended for breastfeeding promotion and education activities, ADHS may request the Contractor to return an equal to the difference between the four percent (4%) and the actual amount expended IF ADHS must pay a penalty to the Federal Government.

### 4.6. Staffing

The Contractor shall:

4.6.1 Designate a WIC Program Director/Manager who is an RD, with previous WIC and/or community health experience to manage and administer the WIC Program and may provide high-risk nutrition counseling and/or formula authorization to WIC participants. If an RD is on *staff* to provide the WIC RD services and with prior approval from ADHS, the Contractor shall designate a Director with a minimum of an undergraduate degree from an accredited institution in nutrition (community nutrition, public health nutrition, nutrition education, human nutrition or nutrition science) or a related field such as home economics or biochemistry with an emphasis in nutritional science or public health administration. With prior approval from ADHS, number of years working in a WIC Program Director/Manager capacity may substitute for some years of education.

4.6.2 All Contractors will identify an RD to serve as the Contractor Nutrition Coordinator as defined in the WIC PPM. The Nutrition Coordinator will oversee all WIC nutrition services for the Contractor. If a Contractor has barriers to this staffing standard, they must be submitted in writing to ADHS with their plan for coordination of nutrition services within the Contractor to be approved by ADHS.

4.6.3 Provide an appropriate number of RDs to perform high-risk and medium-risk counseling, formula authorization, and as necessary, certification of participants. The Contractor shall provide the RD services in a number proportional to the agency's high-risk caseload in accordance with the WIC PPM, The Contractor may hire nutrition degree graduates or Registered Dietetic Technicians, to do medium-risk counseling, formula authorization, and as necessary participant certification under the direction of an RD. If a Contractor has a barrier to having an RD on staff, the agency must submit in writing to ADHS with their plan for providing high risk nutrition counseling to participants.

4.6.4 When applicable and necessary, provide an appropriate number of adequately trained certification specialists to provide categorical and financial eligibility screening, pre-certification and record required documentation, in accordance with the WIC PPM, as well as administrative support services when necessary. Such individuals shall have the minimum of a high school degree or equivalent and must complete the state training requirements and be certified by the Contractor as competent according to the competencies for the position. Previous nutrition or health related job experience is desirable. These individuals shall meet individual ADHS competencies as set forth in the WIC PPM prior to providing each service such as certifying applicants for participation and/or providing health assessments in the Arizona



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WIC Program Staff should be observed and certified by the supervising authority to be competent in an activity before being allowed to perform on their own without supervision.

- 4.6.5 Provide an appropriate number of adequately trained nutrition education specialists to provide certification and nutrition education services to participants in accordance with the WIC PPM. Such individuals will have the minimum of a high school diploma with nutrition experience, education, and training that have been certified by local or state agencies to be competent for the position. An Associate or Bachelor's degree is highly preferred. These individuals shall meet the ADHS competencies for Nutrition Education Specialists as set forth in the WIC PPM prior to certifying applicants for participation and/or providing nutrition education in the Arizona WIC Program. Staff should be observed and certified by the supervising authority to be competent in an activity before being allowed to perform on their own without supervision.
- 4.6.6 All Contractors will identify an International Board Certified Lactation Consultant (IBCLC) to serve as the Contractor Breastfeeding Coordinator as defined in the WIC PPM. The Breastfeeding Coordinator will oversee all WIC breastfeeding services for the Contractor to ensure all participants have access to breastfeeding promotion and support services. If a Contractor has barriers to this staffing standard, they must be submitted in writing to ADHS with their plan for coordination of breastfeeding services within the Contractor to be approved by ADHS.
- 4.6.7 All Contractors will identify a Training Coordinator as defined in the WIC PPM. The Training Coordinator will oversee and facilitate both new employee and ongoing WIC training for the Contractor including certifying that staff has met competencies prior to providing services without supervision. If a Contractor has barriers to this staffing standard, they must submit in writing to ADHS their plan for coordination of training services within the Contractor to be approved by ADHS.
- 4.6.8 All Contractors will identify an Outreach Coordinator who will oversee and facilitate activities and efforts to retain current WIC enrollees and outreach to potentially eligible population not currently enrolled in WIC, and participate in outreach-related workgroups. If a Contractor has barriers to this staffing standard, they must submit in writing to ADHS their plan for coordination of outreach activities within the Contractor to be approved by ADHS.
- 4.6.9 Provide staff to conduct outreach activities targeting high risk and underserved populations, including but not limited to homeless and migrants, by developing written and verbal presentations or utilizing available materials to inform the potentially eligible individuals of the availability of WIC Program and explain the benefits of participation
- 4.6.10 When applicable and necessary, provide WIC Clerks to perform administrative support within WIC clinics at the option of the Contractor. Such individuals shall have the minimum of a high school degree or equivalent. They must meet WIC Program competencies. Previous clerical or work experience is desirable.
- 4.6.11 Maintain a record of training provided, monitoring, and observation results of staff competencies in each staff file and/or the state Learning Management System (LMS)

#### 4.7. Additional BFPC Service Staffing

- 4.7.1 Employ a BFPC Program Manager to plan, direct and coordinate general operation of Peer Counseling Program. Ideal candidate will be an International Board Certified Lactation Consultant (IBCLC), have WIC experience, and be familiar with community resources.
- 4.7.2 Develop a support referral system for peer counselors with community Lactation Consultants, including IBCLCs, if the BFPC Program Manager is not an IBCLC or is unable to fulfill consultation duties for any reason.



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4.7.3 Employ Breastfeeding Peer Counselors to provide services. Qualifications for peer counselors shall be previous personal experience with breastfeeding, enthusiasm for helping others to succeed at breastfeeding, and similarities with the WIC population the program serves (including similar age, ethnic background, and language spoken). Exemptions to the peer counselor qualifications must be approved by ADHS before hire. When possible, peer counselors should be current or previous WIC participants

### 4.8. Staff Training

The Contractor shall:

4.8.1 Train new staff as outlined in the ADHS developed new employee training plan.

4.8.2 Register and ensure all WIC staff complete all ADHS required WIC on-line courses according to the time requirements set forth by the State through ADHS Learning Management System (LMS) at az.train.org, or state-assigned LMS System in accordance with the ADHS WIC PPM.

4.8.3 In addition to state requirements for competency trainings, Local Agencies must implement and adopt the state training standards as reflected in the Nutrition Education Plan and the ADHS WIC PPM. In addition, Local Agencies must participate in any mandatory training provided by ADHS due to changes in policy, procedures, and / or federal regulations.

4.8.4 Provide training for all new staff members regarding Civil Rights, Americans with Disabilities Act (ADA), and Voter Registration during their orientation and, annually, provide all staff with training on Civil Rights, ADA, and Voter Registration issues by completing the ADHS LMS courses on Civil Rights and Voter Registration or other courses or trainings that will be required by ADHS.

4.8.5 Provide one (1) representative for a maximum of six (6) mandatory, face-to-face, two (2) day meetings or trainings session in Phoenix, as scheduled by ADHS on a yearly basis. These meetings will be opportunities for the Contractor to discuss issues with regards to WIC policies and procedures, federal rules and regulations, and nutrition standards.

4.8.6 Provide one (1) representative for a maximum of twelve (12) GoToMeeting WIC Director teleconference meetings to receive information updates on WIC operations, policies and procedures, and other relevant materials being held in lieu of face to face meetings. This may include urgent meetings to discuss current events (e.g. government shutdown) and plan on managing the continuity of operations plan (COOP).

4.8.7 Provide one (1) representative to attend a two (2) day trainer conference in Phoenix during each fiscal year for skill and knowledge building.

### 4.9. Additional BFPC Staff Training:

4.9.1 Send the WIC Director or designee and the Breastfeeding Peer Counselor Program Manager to a two (2) day training at the ADHS office in Phoenix during each Peer Counseling Program contract term

4.9.2 Provide training of Breastfeeding Peer Counselors using the *Loving Support through Peer Counseling* curriculum within one (1) month of employment

4.9.3 Provide continual education and adequate resources to peer counselors. Continual education shall include basic and continuing breastfeeding training, and may include opportunities to shadow lactation consultants, opportunities to meet with other peer counselors, and related training such as counseling skills, adult learning styles, and others



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4.9.4 Provide all WIC clinic staff the PowerPoint presentation "Peer Counseling: Making a Difference for WIC Families" through the *Loving Support* curriculum at least once during each Peer Counseling Program contract term

### 4.10. Data Collection

The Contractor shall:

- 4.10.1 Utilize the hardware, software, and training provided by the Arizona WIC Program to operate the Contractor's portion of the WIC Computer Data System.
- 4.10.2 Complete all data elements required on the WIC Computer Data System as outlined in the WIC PPM.
- 4.10.3 WIC Computer Data System users are required to maintain integrity by keeping their username and password secure. Users shall not share their login information with others.
- 4.10.4 When applicable and necessary to fulfill WIC business functions, local WIC IT shall coordinate with ADHS WIC IT to ensure immediate restoration of technical equipment (i.e. ADHS owned equipment) to, include but not limited to, providing a temporary administrative account.

### 4.11. Administrative Services

The Contractor shall:

- 4.11.1 In addition to complying with the Guidance for Federal Grant Award Management (Blue Book) and State of Arizona Accounting Manual (SAAM) for Contractors of ADHS Funded programs, AND Chapter 12 and 13 of the Policy and Procedure Manual (PPM):
  - 4.11.1.1 Maintain a formal inventory listing or subsidiary record of all equipment owned by the Contractor in an organized manner as a part of the official accounting system. Ensure the non-capital and capital equipment listing includes the following: Tag or ID number, Description, Purchase cost or fair market value on date of donation, Purchase or donation date, Location, Disposal Date, Funding Source, Serial Number, Manufacturer, Model Number, RAM size (if applicable), Specifications (if applicable), and Receipt/Invoice (proof of purchase).
  - 4.11.1.2 Provide maintenance and upkeep for all equipment purchased with WIC funds. Maintenance may be provided through the Contractor's own organization or the Contractor may participate in State maintenance contracts where available.
  - 4.11.1.3 Obtain written permission from ADHS prior to expending WIC funds to purchase equipment with a value of \$5,000 or more.
  - 4.11.1.4 Obtain written permission from ADHS prior to expending WIC funds for the purchase of any asset resource related item: hardware (e.g. computers, printers) or software, regardless of cost as well as their transfer or disposal; Contractors shall not directly dispose of any asset.
    - 4.11.1.4.1.1 Once the asset resource related item is purchased ADHS must be provided the information listed in 8.1.1 within ten (10) business days of the item being received
    - 4.11.1.4.1.2 Transfer and disposals must follow the procedures outlined in the PPM.
    - 4.11.1.4.1.3 Destroyed/Missing/Stolen asset resources must be reported upon discovery no later than ten (10) business days from the time of incident to the assigned ADHS WIC Nutrition Consultant.



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- 4.11.1.5 Submit to ADHS for approval in writing any policy or procedure that deviates from those set forth in the Arizona WIC PPM.
- 4.11.1.6 Update the Contractor information on a timely basis on the WIC Clinic Search administrative website including but not limited to names of CEO/Health Officer, WIC Director, Clinic Supervisors, Nutrition Coordinator, Breastfeeding Coordinator, Training Coordinator, IT lead(s), clinic names, addresses, phone numbers, days and hours of operations, closure days, and other pertinent information for the public to know.
- 4.11.1.7 Provide at least ten (10) weeks written notice when planning on opening, moving, or suspending WIC services at any location.
- 4.11.1.8 Read, timely, all ADHS provided documents and provide requested response, if applicable.
- 4.11.1.9 The Contractor Director shall ensure the State Agency has their most recent contact information in an effort to maintain current and accurate information in the Arizona Health Alert Network (AzHAN) account.
- 4.11.1.10 Maintain records of WIC services in WIC Computer Data System and electronic files of other WIC-related operations and trainings, if applicable, according to the WIC PPM, including but not limited to:
  - 4.11.1.10.1 Signed consent for hemoglobin screening and anthropometrics;
  - 4.11.1.10.2 Signed Rights and Obligations for enrolled participant files (active and inactive);
  - 4.11.1.10.3 Eligible participant files (active and inactive);
  - 4.11.1.10.4 Ineligible applicant signatures;
  - 4.11.1.10.5 Monthly Participation Reports by Category and Ethnicity;
  - 4.11.1.10.6 Outreach files;
  - 4.11.1.10.7 Medical documentation;
  - 4.11.1.10.8 Staff files: Trainings attended, skill observations, and Contractor Self Assessments;
  - 4.11.1.10.9 Documentation of dual participation actions;
  - 4.11.1.10.10 Waiting lists (when applicable);
  - 4.11.1.10.11 Reconciliation of eWIC cards;
  - 4.11.1.10.12 Civil rights file to include documentation and resolution of all civil rights complaints;
  - 4.11.1.10.13 Documentation of annual civil rights and voter registration training of all employees; and
  - 4.11.1.10.14 Documentation of WIC Confidentiality and Conflict of Interest forms.



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- 4.11.1.11 Correct and resolve inappropriate or missing participant information, improbable assessment values, duplicate participation, and other quality assurance WIC Computer Data System issues identified in the report provided to the Contractor by ADHS within the timeframes specified in the WIC PPM.
- 4.11.1.12 Correct any regulatory deficiency or discrepancy noted during any of the three program Management Evaluations, Audits, Contractor Compliance Investigations or Program Financial Reviews within sixty (60) calendar days of the date of the audit report unless an extension date is granted by the auditing/reviewing agency and documented.
- 4.11.1.13 Prepare and submit individual electronic copies of the Contractor's Expenditure Reports (CER) for each contracted program according to the instructions and requirements of the WIC PPM.
- 4.11.1.14 Retain all evidentiary documentation (i.e. meal receipts) and submit to ADHS upon request for all expenses charged towards the WIC grant.
- 4.11.1.15 Prepare and submit Final Closeout CER invoice for each contracted program reflecting the cumulative expenditures for a contract year.
- 4.11.1.16 Prepare and submit WIC Contractor Quarterly Cost Summary Reports that matches the amount of each quarter's expenditures respectively in accordance with the requirements in the WIC PPM.
- 4.11.1.17 Prepare and submit an annual evaluation on the annual Contractor's Outreach Plan and a progress report on activities accomplished during the year.
- 4.11.1.18 Prepare and submit an annual evaluation on the Two (2) Year Nutrition Services and Training Plan and a progress report on activities accomplished during the year.
- 4.11.1.19 Prepare and submit an annual Amendment Application in accordance with the individual program requirements that will include budget breakdown of line items and budget justifications of any budget changes.
- 4.11.1.20 Prepare and submit a Contractor Annual Summary of the Contractor self-assessment(s). Contractor self-assessments must be done annually in the year that the Contractor has a Management Evaluation, and semi-annually in the year that they do not have a Management Evaluation.
- 4.11.1.21 Prepare and submit all required plans, reports, and documents in accordance with the requirements in the WIC PPM.

In the event the Arizona WIC Program funding is depleted (e.g. government shutdown) the Contractor may request permission to continue operating their program utilizing local funds. The Contractor will contact the Arizona WIC Director to discuss the feasibility of sustaining clinic operations and participant food redemption at authorized vendor locations. The Contractor may transfer funds to ADHS to ensure continued operation.

### 4.12. Additional Peer Counseling Administrative Services

- 4.12.1 Prepare and submit a Quarterly Report for the Peer Counseling services in the format provided by ADHS.
- 4.12.2 Present program logistics, highlights, and data at a Nutrition Programs meeting at a time and location to be determined by ADHS.

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## 5. REFERENCE DOCUMENTS

- 5.1 Arizona WIC Program Policies and Procedures Manual: Refer to [http://azdhs.gov/azwic/local\\_agencies\\_policyManual.htm](http://azdhs.gov/azwic/local_agencies_policyManual.htm)
- 5.2 Guidance for Federal Grant Award Management (Blue Book): <https://www.azdhs.gov/documents/prevention/womens-childrens-health/childrens-health/homevisiting/guidance-for-federal-grant-award-management.pdf>
- 5.3 State of Arizona Accounting Manual (SAAM): <https://gao.az.gov/publications/SAAM/>
- 5.4 Federal Regulations: Refer to <https://www.ecfr.gov/cgi-bin/textidx?SID=a42889f84f99d56ec18d77c9b463c613&node=7:4.1.1.1.10&rgn=div5>
- 5.5 7 CFR 246.14: program costs
- 5.6 7 CFR 246.26 (h)(2): notice to applicants and participants about the use and disclosure of confidential applicant and participant information
- 5.7 7 CFR 246.26 (h)(3): implementation of a written agreement and state plan to regulate use and disclosure of confidential applicant and participant information

## 6. STATE PROVIDED ITEMS

ADHS shall provide the following:

- 6.1 Paper copies of the Arizona WIC Program Policies and Procedures Manual, upon request.
- 6.2 Hardware and software necessary for operation of the WIC Computer Database System.
- 6.3 Learning Management courses for software training and nutrition education courses for staff to complete and/or pass.
- 6.4 Blank eWIC Cards.
- 6.5 Method for submitting expenditures. The ADHS WIC Program Manager or designee will accept and approve the expenditures prior to payment.
- 6.6 Nutrition Education Materials for participants.
- 6.7 Quarterly Report template (electronic) for Peer Counseling Program.
- 6.8 Technical assistance and support.
- 6.9 Breastfeeding material lending and library for Peer Counselor use.
- 6.10 Assistance with International Board Certified Lactation Consultant (IBCLC) career track or advanced lactation consultant education, when appropriate.
- 6.11 *Loving Support through Peer Counseling* curriculum, which includes the PowerPoint presentation "Peer Counseling: Making a Difference for WIC Families," when appropriate.



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- 6.12 Monitoring of WIC Authorized Vendors for compliance with regulations and coordination with tribal and county officials when doing compliance buys for markets on a reservation.
- 6.13 Periodic redemption reports for issued benefits.
- 6.14 Formats for required reports.

### 7. DELIVERABLES

If applicable, any work plan or other documentation submitted to and accepted by ADHS regarding participation in WIC or BFPC shall be incorporated into this Agreement. Furthermore, any policy or procedure that deviates from those set forth in the Arizona WIC Program Policies and Procedures Manuals requires approval from ADHS prior to implementation.

The Contractor shall submit to ADHS:

- 7.1 Updated copies of Contractor Policies and Procedures that will include coordination and referral procedures with internal and external programs and agencies, i.e. WIC and Peer Counseling;
- 7.2 Prepare and submit individual electronic CER copies invoice for each program, not later than *thirty* (30) days following the end of each report month of the program year;
- 7.3 WIC Contractor Quarterly Cost Summary matching the WIC Contractor's CER expenses not later than *thirty* (30) days following the end of each quarter report of the program year
- 7.4 Final CER invoice for each program not later than *forty-five* (45) days following the end of each Contract year;
- 7.5 WIC Contractor 4<sup>th</sup> Quarterly Final Cost Summary matching the WIC Contractor's CER expenses, not later than *forty-five* (45) days following the end of each Contract year;
- 7.6 Each Contracted Program's amendment application by the specified deadline for the following contract year which contains the following information:
  - 7.6.1 Request for Caseload to be served;
  - 7.6.2 Request for budget and budget justification;
  - 7.6.3 Updated Participant Nutrition Services and Training Plan for the following contract year and a evaluation of the previous year's activities;
  - 7.6.4 Updated Outreach Plan of each Agreement year and a progress report of previous year's activities; and
  - 7.6.5 Any additional services and other documents specified.
- 7.7 All required responses to federal and state audits and reviews submitted in a timely manner
- 7.8 Additional Peer Counseling Deliverables
  - 7.8.1 Quarterly reports for the Peer Counseling Program to be submitted fifteen (15) days after each quarter of the Agreement year.



# INTERGOVERNMENTAL AGREEMENT (IGA)

## Amendment

ARIZONA DEPARTMENT OF  
HEALTH SERVICES  
150 18<sup>th</sup> Ave Suite 260  
Phoenix, Arizona 85007

Contract No.:  
CTR040363

IGA Amendment No: 2  
Arizona Procurement Portal Amendment No.: 5

Procurement Officer  
**Whitni Markotic/Felicia  
Marquez**

### 8. PERFORMANCE STANDARDS AND AWARDS

8.1 Upon Agreement finalization, ADHS shall notify the Contractor by certified mail of the assigned caseload, and throughout the term of the Agreement, of any changes to the assigned caseload. The Contractor shall maintain an average monthly participation level in accordance with the following table:

<u>Caseload Assignment</u>	<u>% Maintained</u>
<10,000 participants/month	97%
10,000 to <49,999 participants/month	98%
>50,000 participants/month	99%

8.2 If, after each quarter of the Federal Fiscal Year (October through September), the Contractor has not attained the required participation level, ADHS will have the option of reducing the assigned caseload and resources to the Contractor's current service level. ADHS may also then move the unused caseload and corresponding resources to other WIC Local Agencies in order to fully utilize the resources.

8.3 Local Agencies shall be eligible for one (1) or more of the following awards:

8.3.1 Any Contractor which meets one-hundred percent (100%) or more of its caseload assignment for three (3) consecutive months during the previous twelve (12) month period (April 1<sup>st</sup> through March 31<sup>st</sup>) may receive an award of \$10,000 added to that agency's following fiscal year WIC funding formula award if the Agreement is extended and additional expenditures can be identified;

8.3.2 Utilizing the "Nutrition Discussion Contact" report ran for the last six (6) months preceding time of application (September through February), any Contractor meeting ninety-five percent (95%) of its nutrition education documentation requirement for each participation time period may receive an award of \$10,000 added to that agency's following fiscal year WIC funding formula award if the Agreement is extended and additional expenditures can be identified;

8.3.3 The agency with the highest percentage of IENs in the first quarter (Oct 1<sup>st</sup> through Dec 31<sup>st</sup>) of each fiscal year within their Assigned Caseload Cohort may be eligible to receive an award added to the following fiscal year WIC funding formula award if the Contract is extended and additional expenditures can be identified. Assigned Caseload Cohorts and award amounts will be determined as follows:

Assigned Caseload Cohort	Award Amount
Less than 2000	\$5,000
2000 - 8000	\$10,000
More than 8000	\$15,000

8.3.4 Pursuant to 7 CFR 246. 14, which allows the WIC program to fund nutrition services and administrative expenses, the Performance Awards may be part of the annual funding formula and awarded to the Contractor in the next contract year; and

8.3.5 USDA has the option to award breastfeeding performance awards to State Agencies who exceed the national average. If funds are awarded to Arizona, each Contractor program will receive a proration of the amount based upon the number of exclusively nursing women in their Local Agency. It will be a set amount, and may only be used for purposes outlined in the current federal guidelines.



**INTERGOVERNMENTAL AGREEMENT (IGA)**  
**Amendment**

**ARIZONA DEPARTMENT OF HEALTH SERVICES**  
150 18<sup>th</sup> Ave Suite 260  
Phoenix, Arizona 85007

Contract No.:  
CTR040363

IGA Amendment No: 2  
Arizona Procurement Portal Amendment No.: 5

Procurement Officer  
**Whitni Markotic/Felicia Marquez**

**9. NOTICES, CORRESPONDENCE AND REPORTS**

9.1 Notices, correspondence, reports and invoices from the Contractor to ADHS shall be sent to:  
Arizona Department of Health Services  
150 N. 18th Avenue, Suite 310  
Phoenix, Arizona 85007  
Attention: WIC Program Manager

9.2 Notice, correspondence and reports from ADHS to the Contractor shall be sent to:  
(Contractor to complete)

Contractor: \_\_\_\_\_

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_



**INTERGOVERNMENTAL AGREEMENT (IGA)  
Amendment**

**ARIZONA DEPARTMENT OF  
HEALTH SERVICES**  
150 18<sup>th</sup> Ave Suite 260  
Phoenix, Arizona 85007

Contract No.:  
CTR040363

IGA Amendment No: 2  
Arizona Procurement Portal Amendment No.: 5

Procurement Officer  
**Whitni Markotic/Felicia  
Marquez**

**PRICE SHEET**

**WIC, BFPC, FMNP AND ONED SERVICES**

**October 1, 2019 to September 30, 2020**

**Agency Name: Cochise County Health Department**

**Agency DUNS Number: 804745420**

**Federal Award Identification Number (FAIN): 197AZAZ7W1003**

**Federal Award Date: October 1, 2019**

**CFDA number and name: 10.557 Special Supplemental Nutrition Program for Women, Infants, and Children**

**WIC Services**

*Cost Reimbursement Line Item Budget*

<b>Account Classification</b>	<b>Amount</b>
Personnel	\$339,391.00
Employee Related Expenses	\$128,874.00
Professional & Outside Services	\$12,540.00
Travel Expense	\$11,052.00
Occupancy Expenses	\$ 0.00
Other Operating Expenses	\$14,026.00
Capital Expenditures	\$0.00
Indirect Cost	\$27,817.00
RD Supplement	\$50,000.00
<b>Total</b>	<b>\$583,700.00</b>

**Federal Award Identification Number (FAIN): 197AZAZ1W5003**

**Federal Award Date: October 1, 2019**

**CFDA number and name: 10.557 Special Supplemental Nutrition Program for Women, Infants, and Children**

**Breastfeeding Peer Counseling Services**

*Cost Reimbursement Line Item Budget*

<b>Account Classification</b>	<b>Amount</b>
Personnel	\$37,520.00
Employee Related Expenses	\$15,336.00
Professional & Outside Services	\$4,000.00
Travel Expense	\$3,692.00
Occupancy Expenses	\$0.00
Other Operating Expenses	\$3,276.00
Capital Expenditures	\$0.00
Indirect Costs	\$0.00
<b>Total</b>	<b>\$63,824.00</b>

	<b>INTERGOVERNMENTAL AGREEMENT (IGA)</b> <b>Amendment</b>		<b>ARIZONA DEPARTMENT OF HEALTH SERVICES</b> 150 18 <sup>th</sup> Ave Suite 260 Phoenix, Arizona 85007
	Contract No.: CTR040363	IGA Amendment No: 2 Arizona Procurement Portal Amendment No.: 5	Procurement Officer <b>Whitni Markotic/Felicia Marquez</b>

**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 may only be used to fund additional Registered Dietitian position(s) to meet high risk counseling requirements.

Authorization for purchase of services under this Agreement shall be made only upon ADHS issuance of a Purchase Order that is signed by an authorized agent. The Purchase Order will indicate the Agreement 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 2020 is: 3,400

**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) are not allowable costs.

**Regular Board of Supervisors Meeting**

**Meeting Date:** 09/10/2019  
 SEAGO Area Agency on Aging  
**Submitted By:** Briggita Hodges, Health & Social Services  
**Department:** Health & Social Services  
**Presentation:** No A/V Presentation  
**Document Signatures:** BOS Signature Required

**Recommendation:** Approve  
**# of ORIGINALS Submitted for Signature:** 1  
**TITLE of PRESENTER:** Pub Fid/AAA Director  
**Source of Mandate or Basis for Support?:**

**NAME of PRESENTER:** Belvet Elshaug  
**Mandated Function?:** Not Mandated

You will use this Agenda Item template if your item involves a Grant (whether a new or renewal grant). You also must attach the Grant Approval Form to the item before Finance will approve it. Select the SPECIAL LINKS on your left-hand menu and Click on "Grant Approval Form". Then complete the form, save it and attach it to your item (on the Attachments tab).

**Information**

**Agenda Item Text:**

Approve Contract No.107-20 between South Eastern Arizona Governments Organization (SEAGO) and Cochise County Health and Social Services for Case Management services, in the amount of \$215,000, effective July 1, 2019 through June 30, 2020.

**Background:**

Cochise Health and Social Services (CHSS) through its Area Agency on Aging (AAA) Program provides Case Management services to both care recipients and unpaid family caregivers. Services are generally restricted to older individuals aged 60 or older per SEAGO Service Specifications. Case Managers conducts client in-home assessments, provide referrals for home delivered meals, attendant care and respite (services funded by SEAGO). Additionally, case managers link clients to other services available in the community. Case Management support enables elderly and disabled county residents to remain in their homes longer, living independently with supports for as long as safely possible.

**Department's Next Steps (if approved):**

Your approvals are respectfully requested.

**Impact of NOT Approving/Alternatives:**

Closure of services for 482 county residents. Closure of case management service would contribute to increased enrollment on ALTCS. As of 2013, the county's assessment per person enrolling on ALTCS was \$4,900.

**To BOS Staff: Document Disposition/Follow-Up:**

BOS-signed contract returned to department for final execution.

**Budget Information**

*Information about available funds*

**Budgeted:**  **Funds Available:**  **Amount Available:**  
**Unbudgeted:**  **Funds NOT Available:**  **Amendment:**

**Account Code(s) for Available Funds**

1:

**Fund Transfers**

**Fiscal Year:** 2019/20

**One-time Fixed Costs? (\$\$\$):**

**Ongoing Costs? (\$\$\$):**

**County Match Required? (\$\$\$):**

**A-87 Overhead Amt? (Co. Cost Allocation \$\$\$):** 49003.88

**Source of Funding?:**

**Fiscal Impact & Funding Sources (if known):**

- (-) \$ 330,333 Budgeted Expenses
- (+) \$ 215,000 SEAGO grant
- (+) \$ 67,333 Cash Carry Forward FY19
- (+) \$ 68,000 Budgeted GF County Contribution
- (=) \$ 20,000 Cash Carry Forward FY20

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**Attachments**

- Executive Summary
  - Contract
  - Grant Approval Form
-

## Executive Summary Form

### Agenda Number: HLT 4747

#### **Recommendation:**

Approve contract No. 107-20 between South Eastern Arizona Governments Organization (SEAGO) and Cochise County Health and Social Services for Case Management services, in the amount of \$215,000, effective July 1, 2019 through June 30, 2020.

#### **Background (Brief):**

Cochise Health and Social Services (CHSS) through its Area Agency on Aging (AAA) Program provides Case Management services to both care recipients and unpaid family caregivers. Services are generally restricted to older individuals aged 60 or older per SEAGO Service Specifications. Case Managers conducts client in-home assessments, provide referrals for home delivered meals, attendant care and respite (services funded by SEAGO). Additionally, case managers link clients to other services available in the community. Case Management support enables elderly and disabled county residents to remain in their homes longer, living independently with supports for as long as safely possible.

#### **Fiscal Impact & Funding Sources:**

- (-) \$ 330,333 Budgeted Expenses
- (+) \$ 215,000 SEAGO grant
- (+) \$ 67,333 Cash Carry Forward FY19
- (+) \$ 68,000 Budgeted GF County Contribution
- (=) \$ 20,000 Cash Carry Forward FY20

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

**Impact of Not Approving:** Closure of services for 482 county residents. Closure of case management service would contribute to increased enrollment on ALTCS. As of 2013, the county's assessment per person enrolling on ALTCS was \$4,900.



SouthEastern Arizona Governments Organization  
Area Agency on Aging, Region VI

**SUBAWARD AGREEMENT**

**BETWEEN**

**THE SEAGO AREA AGENCY ON AGING (“SEAGO”)**

**AND**

**COCHISE HEALTH AND SOCIAL SERVICES  
SET FORTH BELOW**

The Subrecipient is a:  Non Profit Corporation,  For Profit Corporation or  Public Agency.

**WHEREAS**, SEAGO is duly authorized to execute and administer Subaward for the provision of direct services under the Area Plan on Aging, and

**WHEREAS**, SEAGO desires that the Subrecipient deliver services and the Subrecipient has agreed to deliver services pursuant to the terms and conditions contained herein, and

**WHEREAS**, this Subaward Agreement (hereinafter “Subaward”) shall consist of the Subaward Agreement General Provisions; the proposal and Service Delivery Plan submitted by the Subrecipient in response to the SEAGO Request for Proposals 2020-2024, and any subsequent amendments thereto; the Proposal Submittal Requirements for each service; the Service Specifications for each service; and any exhibits and/or documents referenced or included in the Solicitation. All of the above documents are hereby incorporated into this Subaward by reference as if fully set forth herein.

**NOW THEREFORE**, SEAGO and the Subrecipient agree to abide by all the terms and conditions set forth in this Subaward.

**FOR AND ON BEHALF OF THE  
SEAGO AREA AGENCY ON AGING**

\_\_\_\_\_  
Signature

Randy Heiss, Executive Director

\_\_\_\_\_  
Date

107-20

Subaward Identification No.

**ATTEST:**

\_\_\_\_\_  
Arlethe G. Morrison  
Clerk of the Board

**APPROVED AND SIGNED BY THE CHAIRMAN  
OF THE BOARD OF SUPERVISORS OF  
COCHISE COUNTY, ARIZONA**


**Cochise Health and Social Services**  
\_\_\_\_\_  
Subrecipient

Peggy Judd, Chairman

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPROVED AS TO FORM:**

  
\_\_\_\_\_  
Sara Dent  
Civil Deputy County Attorney

**ANNEX A**

**PROGRAM ADMINISTRATION SECTION**

**1.0 Authorized Signatory for Subrecipient:**

<u>Cochise Health &amp; Social Services</u> Subrecipient Name	<u>86-6000398</u> Federal Employer Identification No.
<u>1415 Melody Lane Bldg A, Bisbee, AZ 85603</u> Address	<u>520-432-9400</u> Phone Number
<u>020126041-0000</u> DUNS Number	

<u>Carrie Langley</u> Name of Authorized Signatory	<u>Director</u> Title
---	--------------------------

is the signatory to this Subaward on behalf of the Subrecipient and is responsible for the delivery of services during the term of this Subaward.

1.3 In the absence of the principal authorized signatory named above, Belvet Elsouhag

<u>Public Fiduciary</u> Title	<u>Belvet Elsouhag</u> Name
----------------------------------	--------------------------------

is authorized to sign this Subaward and any amendments thereto on behalf of the Subrecipient.

**2.0 Notices:**

2.1 The SEAGO AAA shall address all notices relative to this Subaward to the attention of:

<u>Carrie Langley, Director</u> Name and Title		
<u>1415 Melody Lane Bldg A, Bisbee, AZ 85603</u> Address	<u>520-432-9400</u> Phone Number	

2.2 The Subrecipient shall address all notices relative to this Subaward to the attention of:

<u>Laura Villa, AAA Program Director</u> Name and Title	
<u>SEAGO Area Agency on Aging</u> Division/Office	
<u>300 Collins Road, Bisbee, AZ 85603</u> Address	<u>(520) 432-2528</u> Phone Number

### 3.0 Subaward Term:

This Subaward shall begin on July 1, 2019 and shall terminate on August 31, 2020 and may be renewed for additional years.

The Period of Performance for this Subaward shall begin on shall begin on July 1, 2019 and shall terminate on June 30, 2020.

### 4.0 Subaward Purpose:

#### X A. Older Americans Act:

##### Program Goal:

To provide the services specified in 5.3 to eligible older persons in accordance with the Older Americans Act of 1965, as amended. The target populations, problems and needs are identified and specified in the Area Agency on Aging Area Plan for services and the Area Plan amendments.

#### X B. Social Service Block Grants:

##### Program Goals:

- (1) Achieve or maintain economic self-support to prevent, reduce, or eliminate dependency.
- (2) Achieve or maintain self-sufficiency, including reduction or prevention of dependency.
- (3) Prevent or remedy neglect, abuse, or exploitation of children and adults unable to protect their own interests; or preserve, rehabilitate, or reunite families.
- (4) Prevent or reduce inappropriate institutional care by providing for community-based care or other forms of less intensive care.
- (5) Secure referral or admission for institutional care when other forms of care are not appropriate.

### 5.0 Subaward Services and Service Delivery:

#### 5.1 Service Specifications:

Each service to be provided under this Subaward shall be delivered in accordance with the requirements indicated in the applicable Service Specifications. Subrecipient shall deliver the number of units of each service identified in Annex B.

SEAGO reserves the right to request further clarification of the service delivery plan at any time.

#### 5.2 Lower Tier Subrecipients:

     A portion of the services to be provided under this Subaward shall be delivered by Lower Tier Subrecipients as identified in Section 5.5 of this Annex. Subrecipient understands and warrants no work shall be performed by a Lower Tier Subrecipient until the Lower Tier Subaward Agreement document has been reviewed by and approved in writing by the authorized Area Agency on Aging representative.

5.3 Subaward Services: (Check all services Subrecipient will deliver.)

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Housekeeping          | <input type="checkbox"/> Community Nursing      |
| <input type="checkbox"/> Congregate Meals           | <input type="checkbox"/> Attendant Care        | <input type="checkbox"/> Caregiver Adaptive Aid |
| <input type="checkbox"/> Home Delivered Meals       | <input type="checkbox"/> Caregiver Home Repair | <input type="checkbox"/> Legal Assistance       |
| <input type="checkbox"/> Transportation             | <input type="checkbox"/> Home Nursing          | <input type="checkbox"/> In-Home Respite        |
| <input type="checkbox"/> Caregiver Outreach         | <input type="checkbox"/> Caregiver Training    |   |

5.4 Eligibility Criteria, Intake Procedures, and Case Records:

5.4.1 Eligibility Criteria

Eligibility for each service is specified in SEAGO Service Specifications. Eligibility for in-home services shall be determined by Case Managers authorized by SEAGO. Eligibility is generally restricted to older individuals aged 60 or older, unless Social Services Block Grant funding allows for services to disabled individuals under age 60.

5.4.2 Intake Procedures

- A. Intake for Respite, Home Delivered Meals, Housekeeping, Attendant Care, and Home Nursing shall be through the Subrecipient Case Management agency authorized by SEAGO.
- B. Subrecipients providing the services specified in "A" above may only serve clients who have been determined eligible by the Case Management agency.
- C. Case Management agencies shall comply with the intake procedures specified in the SEAGO AAA Program Instructions and the DES/DAAS Policy Manual.
- D. Subrecipients providing Congregate Meals, Legal Assistance, or Transportation services shall complete a SEAGO Application/Registration Form on every individual that is to receive any services and shall submit the original of this form to SEAGO.

5.4.3. Case Records

- A. Subrecipient shall maintain daily service records identifying the clients that receive services, the dates each client received services, and the units of service each client received by date.
- B. Individual client files shall be maintained on persons receiving In-Home Respite, Home Delivered Meals, Housekeeping, Attendant Care, and Home Nursing and these files must include documentation of service planning by the Case Management agency.
- C. In-Home Respite, Housekeeping, Attendant Care, and Home Nursing providers shall maintain individual client files, which shall include documentation specified in the "Area Agency on Aging Requirements" section of the Service Specifications.
- D. Case Management agencies shall maintain individual client files, which include the documentation specified in the SEAGO Program Instructions.

#### 5.4.4 Project Income and Cost Sharing

The Subrecipient commits to not denying service to any client solely because that client refuses to make a donation.

The Subrecipient shall solicit voluntary donations from clients for services received.

The Subrecipient commits to inform clients of their share of the cost for lifespan respite. Payments made shall be voluntary/and failure to pay shall not be a reason to deny service.

#### 5.5 List of Lower Tier Subrecipients:

The following service(s) to be provided under this Subaward shall be delivered by the Lower Tier Subrecipient(s) listed below:

Service(s)

Lower Tier Subrecipient

## FACILITY LOCATION CHART

Contract Services shall be delivered only at the facilities and locations specified below and will be available during hours of operation indicated.

NAME OF FACILITY, ADDRESS, PHONE AND FAX NO. WHERE SERVICE(S) WILL BE PROVIDED	CONTRACT SERVICE(S)	S U B	DAYS & HOURS OF OPERATION	GEOGRAPHIC COVERAGE
<p><b>COCHISE HEALTH &amp; SOCIAL SERVICES</b> 4 Ledge Ave, Third Floor P.O. Box 4279 BISBEE, AZ 85603 520-432-9660 Belvet Elsouhag 520-432-9680 AAA Main Line 520-432-9661 Connie Robertson 520-586-8192 Shirley Thomas Fax 520-432-9658</p> <p>126 W. 5TH ST SUITE 204 BENSON, AZ 85602 520-586-8190 Main Line 520-586-8191 Maria Tamez 520-586-8192 Shirley Thomas Fax 520-586-1503</p> <p>1012 N. G Avenue, Suite 101 DOUGLAS, AZ 85607 520-805-5631 Yolanda Thomas Fax 520-364-5453</p> <p>4115 E FOOTHILLS DRIVE SIERRA VISTA, AZ 85635 520-803-3950 Seana Riffle Fax 520-439-9178</p>	• Case Management		8:00AM-5:00PM MON-FRI	Bisbee Harford Maricopa Valley Palm Springs
	• Case Management		7:30AM-4:30PM MON-FRI	Benson Pomarena Dragon Sant David Tombstone  Wilcox Cos Cabezas Sunshine Sunizona Sowle Pearce Porter San Simone Kansas Settlement
	• Case Management		7:00AM-5:30PM MON-THU	Double Adobe Douglas Silda McNair Pintevilla
	• Case Management		7AM-5:30PM TUE-FRI	Sierra Vista Huachuca City Whitestone  *CASE MANAGERS' SCHEDULES MAY VARY.

The Contractor's Administrative office will not be open on the holidays marked below (darken box for applicable holiday):

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> New Year's Day                   | <input type="checkbox"/> Good Friday                 | <input type="checkbox"/> Yom Kippur                  | <input type="checkbox"/> _____<br>(Other Holidays)         |
| <input checked="" type="checkbox"/> Martin Luther King Jr's Birthday | <input checked="" type="checkbox"/> Memorial Day     | <input type="checkbox"/> Columbus Day                | <input checked="" type="checkbox"/> Day after Thanksgiving |
| <input type="checkbox"/> Lincoln's Birthday                          | <input checked="" type="checkbox"/> Independence Day | <input checked="" type="checkbox"/> Veteran's Day    | <input type="checkbox"/> _____                             |
| <input type="checkbox"/> Washington's Birthday                       | <input checked="" type="checkbox"/> Labor Day        | <input checked="" type="checkbox"/> Thanksgiving Day | <input type="checkbox"/> _____                             |
| <input checked="" type="checkbox"/> President's Day                  | <input type="checkbox"/> Rosh Hashanah               | <input checked="" type="checkbox"/> Christmas Day    | <input type="checkbox"/> _____                             |

The holidays indicated above apply only to the administrative office; services are provided 24 hours.

**ANNEX B**

**COMPENSATION SECTION**

**1.0 METHOD OF COMPENSATION**

The method of compensation governing this subaward shall be:

- Fixed Rate for SEAGO AAA state and federal funds for services identified in 2.1.

**2.0 COMPENSATION**

Upon timely receipt of required reporting documents, subject to availability of funds, SEAGO shall reimburse the Subrecipient on a monthly basis in accordance with Section 56, Payments of the Subaward Agreement General Provisions for actual, allowable costs incurred in the delivery of services (cost reimbursement), or units of service delivered (fixed rate) during the term of the subaward consistent with the approved Subaward Agreement Operating Budget contained herein.

**2.1 Fixed Rate**

**Case Management – HCBS**

Subcontractor: COCHISE COUNTY PUBLIC FIDUCIARY		FEIN: 866330268	
Type / Rate	Location	No Site Assigned	
		BA - COCHISE COUNTY PUBLIC FIDUCIARY	
		BB - COCHISE HEALTH & SOCIAL SERVICES	
		BA - COCHISE COUNTY PUBLIC FIDUCIARY	
Start Date: 07/01/2019	End Date: 06/30/2020		
<b>Service</b>			
	Unit Price	Total Budget	Amount
Case Management - Home	Rate	Units	Total
16-89	00	00	00
80-84	00	00	00
85-	00	00	00
Other	6,700.00	308,200.00	6,700.00
<b>Total</b>	<b>6,700.00</b>	<b>308,200.00</b>	<b>6,700.00</b>
<b>Vouchers</b>			
Voucher	Total Budget	Amount	Unexp. Amount
Voucher Total	00	00	00
<b>Local Revenue</b>			
	Total Budget	Amount	Unexp. Amount
Non-Fed In-Kind	45,200.00	00	45,200.00
Non-Fed Cash	66,000.00	00	66,000.00
<b>Local Revenue Total</b>	<b>111,200.00</b>	<b>00</b>	<b>111,200.00</b>
<b>Budget Detail Summary</b>			
	Total Budget	Amount	Unexp. Amount
Service	308,200.00	00	308,200.00
Vouchers	00	00	00
Subtotal	308,200.00	00	308,200.00
Local Revenue	111,200.00	00	111,200.00
<b>Total Budget</b>	<b>195,000.00</b>	<b>00</b>	<b>195,000.00</b>
Notes:			

## Case Management SSBG

Subcontractor		COCHISE COUNTY PUBLIC FIDUCIARY			
Type	Rate	Location	FEIN 866000298		
		No Site Assigned			
		BA - COCHISE COUNTY PUBLIC FIDUCIARY			
		BS - COCHISE HEALTH & SOCIAL SERVICES			
Start Date	9/21/2018	End Date	05/20/2020		
			BA - COCHISE COUNTY PUBLIC FIDUCIARY		
<b>Service</b>					
Service	Total Units	Total Budget	Units	Involved	Budget Remaining
		Rate	Total	Total	Total
Case Management - Home		46.00			
18-59	00	00	00	00	00
60-64	00	00	00	00	00
65+	00	00	00	00	00
Other	435.00	20,010.00	00	00	20,010.00
<b>Total</b>	<b>435.00</b>	<b>20,010.00</b>	<b>00</b>	<b>00</b>	<b>20,010.00</b>
<b>Local Revenue</b>					
	Total Budget	Involved	Budget Remaining		
ALTCS	00	00	00		
Project Income	00	00	00		
Other Fed	00	00	00		
Non-Fed Subtotal	10.00	00	10.00		
Non-Fed In-Kind	10.00	00	10.00		
Non-Fed Cash	00	00	00		
Cost Share Received	00	00	00		
<b>Local Revenue Total</b>	<b>10.00</b>	<b>00</b>	<b>10.00</b>		
<b>Budget Detail Summary</b>					
	Total Budget	Involved	Budget Remaining		
Service	20,010.00	00	20,010.00		
Vouchers	00	00	00		
Subtotal	20,010.00	00	20,010.00		
Local Revenues	10.00	00	10.00		
<b>Total Budget</b>	<b>20,000.00</b>				
Notes					

### 3.0 COMPENSATION REQUIREMENTS

Payment shall be subject to the following limitations and exceptions:

1. Title 45 CFR Part 75, Section 75.305 requires payment be made within 30 days after receipt of payment request.
2. **The Subrecipient shall bill all available third party payors including AHCCCS acute care providers, ALTCS, Medicare, or private insurance, before requesting any of the funds identified under 2.0 above. SEAGO AAA shall be the payor of last resort.**
3. Payment for services which are case managed shall only be made for units that are within authorization levels and time frames.
4. Failure to comply with reporting requirements specified under Section 4.0 below will result in immediate cessation of disbursement of funds by SEAGO AAA to the Subrecipient until the required reports are received.
5. Subrecipient agrees to adhere to the approved Subaward Agreement Operating Budget, contained in this Annex, within the tolerance levels set forth in Section 4, Amendments of the Subaward Agreement General Provisions.
6. A written amendment signed by both parties shall be required for Cost Reimbursement subawards whenever there is an increase or decrease in any budget category by 10% or greater.

7. During the subaward agreement, each revenue source will support expenses and the production of units of service in direct proportion to the actual reported receipts of each revenue source as a percentage of total reported revenue.
8. Payments may be limited to a monthly ceiling of 1/12<sup>th</sup> the service award amount in order to ensure availability of services throughout the subaward agreement.
9. Adjustments or corrections to monthly payment requests must be submitted within 30 days following the termination of this subaward. Subawards will be closed out based on timely submission of these adjustments.

#### 4.0 REPORTING REQUIREMENTS

In accordance with Section 64, Reporting Requirements of the Subaward Agreement General Provisions, the Contractor shall submit to SEAGO AAA the following reports by the dates specified:

- Monthly Service Log by the **3rd working day** of the month following the month of service. This service log shall identify units of service provided by month, by client, by service, and by site.
- Monthly Payment Request for Services provided by the **15th of the month** following the month of service. Payment Request must be accompanied by the SEAGO AAA analysis tool which identifies the total units of each service for the month. The total reported on the SEAGO AAA analysis tool must be the sum of the monthly service logs for each site. A provider must continue to report units of service provided with other funding sources even if all SEAGO AAA funding has been expended. A copy of the SEAGO AAA analysis tool is attached as Exhibit F. All of the above forms are also available in electronic format from the SEAGO AAA.
- Quarterly Nutrition Education Report by the 15th day of July, October, January, and April of nutrition education sessions that were conducted during the preceding quarter, including sign-in sheets by the participants in those sessions. Use attached sample report or one in the same format (as applicable)
- Monthly programmatic reports by the 15<sup>th</sup> of the month for any of the following services (as applicable):
  - Family Caregiver Support Program, Caregiver Training
  - Family Caregiver Support Program, Caregiver Outreach
  - Legal Assistance

**ANNEX C**

**SUPPLEMENTAL INFORMATION SECTION**

1.0 A U.S. Department of Health and Human Services pass-through to Arizona Department of Economic Security Division of Adult and Aging Services pass-through to SEAGO makes federal funds available from the Older Americans Act Title III and VII and the Social Services Block Grant. The state FY16 federal amount to SEAGO is \$1,689,217.

Federal Award Number:	To be provided once available
Federal Award Date:	To be provided once available
Federal Award Description:	To be provided once available

1.1 The federal funds available for Subaward through SEAGO (\$1,555,571) are as follows:

\$308,769 Special Programs for the Aging, Title III, Part B, Supportive Services and Senior Centers, CFDA 93.044

\$290,397 Special Programs for the Aging, Title III, Part C1, Nutrition Services, CFDA 93.045

\$211,963 Special Programs for the Aging, Title III, Part C2, Nutrition Services, CFDA 93.045

\$524,711 Social Services Block Grant, CFDA 93.667

\$97,661 Nutrition Services Incentive Program, CFDA 93.053

\$122,069 National Family Caregiver Support, Title III, Part E, CFDA 93.052

1.2 This is not a Research and Development Subaward.

2.0 Indirect Cost Recovery:

The indirect cost rate for the federal award is 0%. The Subrecipient has not requested to recover indirect costs in this Subaward.

The indirect cost rate for the federal award is 14%

**SEAGO AREA AGENCY ON AGING  
PAYMENT REQUEST FOR SERVICES PROVIDED UNDER FIXED RATE**

<b>NAME and PROMDER ID:</b> Cochise Co. Health & Social Services/Public Fiduciary 866000398BB                      107-20			<b>REPORT FOR : MONTH / YEAR</b>  <input type="checkbox"/> Original <input type="checkbox"/> Revised		
<b>PREPARED BY:</b> _____			<b>DATE:</b> _____		
<b>Service</b>	<b>CMG HCB</b> 208-80406	<b>CMG SSBG</b> 266-46600			
<b>UNITS OF SERVICE</b>					
<b>Units Delivered</b>					
<b>Unit Rate</b>	<b>\$46.00</b>	<b>\$46.00</b>			
<b>EXPENDITURES FOR THE MONTH BY LINE ITEM</b>					
Personnel					
E.R.E.					
P. & O.					
Travel					
Space					
Equipment					
Materials & Supplies					
Operating Services					
Indirect Costs					
<b>Total Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>REVENUE FOR THE MONTH BY FUND SOURCE</b>					
ALTC S					
Project Income					
Non-Federal In-Kind					
Non-Federal Cash					
Other Federal					
<b>Total Non-SEAGO Revenue</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>SEAGO AAA FUNDS</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
			<b>TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>AMOUNT</b>	<b>DAARS #</b>
\$ -	



# COCHISE COUNTY GRANT APPROVAL FORM

Form Initiator:

Date Prepared:

Point of Contact:

Phone Number:

Department:

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## PRIMARY GRANT

Primary Grantor:

CFDA:  
[www.CFDA.gov](http://www.CFDA.gov)

Grant Title:

Grant Term From:

To:

Total Award Amount:

New Grant:      Yes      No

Grant No:

Amendment:      Yes      No

Amendment No:

GL Account No:

If new, Finance will assign a fund number.

Strategic Plan:

District:

Mandated by Law

Yes

No

Number of Positions Funded:

Asset(s) Acquired:

Grantor's reimbursement mileage rate:

Health or pension reimbursement:

Other reimbursement:

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:

Has this amount been budgeted? Yes No

Method of collecting funds: Lump Sum Quarterly Draw Reimbursement

Is revertment of unexpected funds required at the end of grant period? Yes No

(a) Total indirect (A-87) Cost Allocation:

(b) Amount of overhead allowed by grant:

County Subsidy (a) - (b) =

Is there a Secondary Grant Award associated with this Grant? Yes No

Name of Grant: Funder:

If yes please complete an additional grant approval form.

Is County match required? Yes No

County match source:

County match dollar amount or percentage:

**NOTE: Please attach this Grant Approval form to the AgendaQuick item. The AgendaQuick "Grant Approval template" must be used. Once approved by the Board of Supervisors, the department is responsible for sending a copy of the fully executed GRANT DOCUMENT (not this approval form) to the Finance Department.**