



# INTERGOVERNMENTAL AGREEMENT (IGA)

## Amendment

**ARIZONA DEPARTMENT OF HEALTH SERVICES**  
150 18<sup>th</sup> Ave Suite 530  
Phoenix, Arizona 85007

Agreement No.: **CTR055207**

IGA Amendment No.: **1**

Procurement Officer  
**Karla Varela**

### Public Health Emergency Preparedness Program

1. Effective upon signature by all parties and pursuant to the Terms and Conditions, Provision Six (6), Contract Changes, Section 6.1, Amendments, Purchases Orders and Change Orders, it is mutually agreed that the Intergovernmental Agreement referenced is amended as follows under this Amendment One (1):
  - 1.1. The Scope of Work is hereby revised and replaced, as a result of the addition of the Workforce Development Grant tasks and deliverables;
  - 1.2. The Price Sheet is hereby revised and replaced, as a result of the addition of the Workforce Development Grant funding; and
  - 1.3. Exhibit B has been added.

ALL CHANGES ARE REFLECTED BELOW IN RED.

All other provisions of this Agreement remain unchanged.

**COCHISE COUNTY**

Contractor Name:

**1415 Melody Lane**

Address:

**Bisbee**

**Arizona**

**85603**

City

State

Zip

Authorized Signature 1-17-2022

Ann English

Print Name

Chair Board of Supervisors

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.

*Kris Carlson*

Dec 29, 2021

State of Arizona

Signature

Date

Signed this 17th day of February 2022.

Kris Carlson

Print Name

Procurement Officer

Contract No.: **CTR055207**, 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.

**Christopher Balderrama**

Digitally signed by Christopher Balderrama  
Date: 2022.02.17  
10:30:38 -0700'

**Aubrey Joy Corcoran**

Digitally signed by Aubrey Joy Corcoran  
DN: cn=Aubrey Joy Corcoran, o=Arizona Attorney General's Office, ou, email=Aubrey.Joy.Corcoran@azag.gov, c=US  
Date: 2022.02.16 18:51:43 -0700'

Signature

Date

Assistant Attorney General

Print Name



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**SCOPE OF WORK**

**1. BACKGROUND**

**1.1. Centers for Disease Control and Prevention Public Health Emergency Preparedness (PHEP) Grant**

The Arizona Department of Health Services (ADHS), through the Bureau of Public Health Emergency Preparedness (PHEP), has been working with Arizona Counties and Tribes to improve the preparedness of each community in the event of any public health emergency. Most of these projects were funded by grants from the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS).

**1.2. Workforce Development Grant**

Arizona Department of Health Services (ADHS) via the Bureau of Public Health Emergency Preparedness (PHEP) is tasked with overseeing the Center for Disease Control and Prevention (CDC) Workforce Development Crisis Emergency Cooperative Agreement to address the need to establish, expand, and sustain a public health workforce to support COVID-19 prevention, preparedness, response, and recovery initiatives, including school-based health programs. Funding for this initiative comes from the CDC Workforce Development Crisis Emergency Cooperative Agreement.

**2. OBJECTIVE**

**2.1. Centers for Disease Control and Prevention Public Health Emergency Preparedness (PHEP) Grant**

This Agreement is intended to improve upon the process. Nothing in this Agreement is meant to supplant or in any other way discourage existing planning and coordination between County and Tribal Health Departments. This Agreement is designed to increase participation in the ongoing development of the State and County Health Preparedness Infrastructure through the CDC Public Health Preparedness Cooperative Agreement with the ADHS.

**2.2. Workforce Development Grant**

The goal of this project will be utilizing grant funds to establish, expand, train, and sustain the public health workforce to support COVID-19 prevention, preparedness, response, and recovery initiatives, including school-based health programs. ADHS will be working with each jurisdiction on the school-based initiatives that are separate and in addition to their funding amounts through a partnership with the Department of Education.

ADHS stakeholders are essential in providing support to the healthcare delivery system across Arizona. Sub-recipients of CDC Workforce Development Crisis Emergency funds are expected to strengthen and enhance jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives, including public health workforce development needs and school-based health programs. Grant related activities should be completed over a two (2) year period and fall within the following four (4) main strategies:

**2.2.1 Hiring of additional public health staff to sustain ongoing COVID-19 response and recovery initiatives,**

**2.2.1.1. The costs, including wages and benefits, related to recruiting, hiring and training of individuals to serve as:**

**2.2.1.1.1. Professional or clinical staff, including public health physicians and nurses (other than school-based staff); mental or behavioral health specialists to support workforce and community resilience; social service specialists; vaccinators; or laboratory scientists or technicians;**



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- 2.2.1.1.2. Disease investigation staff, including epidemiologists; case investigators, contact tracers; or disease intervention specialists,
- 2.2.1.1.3. Program staff, including program managers, communications and policy staff, logisticians; planning and exercise specialists; program evaluators; pandemic preparedness and response coordinators to support the current pandemic response and identify lessons learned to help prepare for possible future disease outbreaks; health equity officers or teams; data managers, including informaticians, data scientists, or data entry personnel; translation services; trainers or health educators; or other community health workers,
- 2.2.1.1.4. Administrative staff, including human resources personnel; fiscal or grant managers; clerical staff; staff to track and report on hiring under this cooperative agreement; or others needed to ensure rapid hiring and procurement of goods and services and other administrative services associated with successfully managing multiple federal funding streams for the COVID-19 response, and
- 2.2.1.1.5. Any other positions that may be required to prevent, prepare for, and respond to COVID-19
- 2.2.1.2. Purchase of equipment and supplies necessary to support the expanded workforce including personal protective equipment, equipment needed to perform the duties of the position, computers, cell phones, internet costs, cybersecurity software, and other costs associated with support of the expanded workforce (to the extent these are not included in recipient indirect costs)
- 2.2.2. Augment the public health workforce pipeline to improve the ability to sustain COVID-19 recovery initiatives and prepare for future responses,
- 2.2.3. Develop or enhance training programs for new and/or existing public health staff supporting COVID-19 preparedness, response, and recovery efforts, and
- 2.2.4. Retain existing public health staff through various initiatives to ensure continued COVID-19 preparedness, response, and recovery efforts

### 3. TASKS

#### 3.1. Centers for Disease Control and Prevention Public Health Emergency Preparedness (PHEP) Grant

##### 3.1.1. The Contractor shall:

- 3.1.1.1. Appoint a PHEP Coordinator responsible for overseeing all grant related activities, budgets, and reports;
- 3.1.1.2. Participate in Public Health Preparedness Regional Healthcare Coalition meetings and conference calls held in the Contractor's regional communities as appropriate;
- 3.1.1.3. Review Attachment A: Grant Guidance and use for grant reference; and
- 3.1.1.4. Review and update, in writing, the Contractor's Public Health Emergency Preparedness and Response Plans according to the timeframes identified under the ADHS PHEP Deliverables Document (**Attachment A**):



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- 3.1.1.4.1. Prepare and update plans to the ADHS PHEP Coordinator of Community & Healthcare Preparedness section at the time of completion,
  - 3.1.1.4.2. Document participation in regional emergency preparedness planning and other related activities to be provided upon request by ADHS,
  - 3.1.1.4.3. Address the plan for the Strategic National Stockpile (SNS), mass prophylaxis and countermeasure distribution and dispensing within the Contractor's jurisdiction, as appropriate, and
  - 3.1.1.4.4. Develop or update mutual aid agreements with other jurisdictions, in accordance with the approved Contractor's Public Health Emergency Preparedness and Response Plan.
- 3.1.2. Medical Electronic Disease Surveillance and Intelligence System (MEDSIS):
- 3.1.2.1. The Contractor shall:
    - 3.1.2.1.1. Participate in ADHS-coordinated workgroups for MEDSIS enhancements to include Tribal communities (if applicable) and Electronic Laboratory Reporting (ELR) capabilities, and
    - 3.1.2.1.2. Participate in epidemiology specific trainings, workshops, or conferences provided by ADHS or an ADHS recognized training session (if applicable).
- 3.1.3. Public Health Emergency Exercises:
- 3.1.3.1. The Contractor shall:
    - 3.1.3.1.1. Participate in required statewide/regional public health exercises, and
    - 3.1.3.1.2. Participate in SNS and Receiving, Staging and Storing (RSS) exercises as appropriate for the Contractor's community.
- 3.1.4. COVID-19:
- 3.1.4.1. The Contractor shall:
    - 3.1.4.1.1. Comply with existing and/or future directives and guidance from the HHS, CDC Secretary regarding control of the spread of COVID-19,
    - 3.1.4.1.2. Consult and coordinate with HHS, CDC to provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation), and
    - 3.1.4.1.3. Assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.
  - 3.1.4.2. HHS, CDC has established allowable activities related to the capability domains described in the Public Health Crisis Response Notice of Funding Opportunity. The domains include:



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- 3.1.4.2.1. Incident Management for Early Crisis Response,
  - 3.1.4.2.2. Jurisdictional Recovery,
  - 3.1.4.2.3. Information Management,
  - 3.1.4.2.4. Countermeasures and Mitigation,
  - 3.1.4.2.5. Surge Management, and
  - 3.1.4.2.6. Bio-surveillance.
- 3.1.4.3. Surveillance, Laboratory Testing, and Reporting
- 3.1.4.3.1. Contractor shall implement and scale-up laboratory testing and data collection to enable identification and tracking of COVID-19 cases in the community and is responsible for immediate implementation of real-time reporting to the Hospital Preparedness Program (HPP), CDC. Specifically, jurisdictions should focus on the following activities, in accordance with CDC guidelines:
    - 3.1.4.3.1.1. Conduct surveillance to identify cases, report case data in a timely manner, identify contacts, characterize disease transmission, and track relevant epidemiologic characteristics including hospitalization and death,
    - 3.1.4.3.1.2. Conduct surveillance to monitor virologic and disease activity in the community and healthcare settings,
    - 3.1.4.3.1.3. Implement routine and enhanced surveillance to support the science base that informs public health interventions that mitigate the impact of COVID-19, including understanding of clinical characteristics; infection prevention and control practices; and other mitigation requirements,
    - 3.1.4.3.1.4. Establish or enhance core epidemiological activities to support response such as risk assessment, case classification, analysis, visualization and reporting,
    - 3.1.4.3.1.5. Conduct surveillance to monitor disruption in the community caused by COVID-19 and related mitigation activities (e.g. school closures and cancellation of mass gatherings), and
    - 3.1.4.3.1.6. Conduct surveillance to monitor disruption in healthcare systems caused by COVID-19 (e.g. shortages of personal protective equipment).
- 3.1.4.4. Community Intervention Implementation Plan
- 3.1.4.4.1. Contractor shall maintain its COVID-19 community intervention implementation plan that describes how the state and local jurisdictions shall achieve the response's three (3) mitigation goals:



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- 3.1.4.4.1.1. Slow transmission of disease;
- 3.1.4.4.1.2. Minimize morbidity and mortality; and
- 3.1.4.4.1.3. Preserve healthcare, workforce, and infrastructure functions and minimize social and economic impacts.

3.1.4.4.2. The plan shall address:

- 3.1.4.4.2.1. Minimizing potential spread and reduce morbidity and mortality of COVID-19 in communities;
- 3.1.4.4.2.2. Planning and adapting for disruption caused by community spread and implement interventions to prevent further spread;
- 3.1.4.4.2.3. Ensuring healthcare system response is an integrated part of community interventions; and
- 3.1.4.4.2.4. Ensuring integration of community mitigation interventions with health system preparedness and response plans and interventions.

3.1.5. ADHS shall:

- 3.1.5.1. Monitor the expenditure of funds for the reports submitted. If there are any reports that are not submitted on or before the appropriate submission date, the Contractor could be subject to a potential reduction in funds, or loss of funds for the following year.
  - 3.1.5.1.1. Expenditures that are not on an approved budget or approved redirection may not be eligible for reimbursement from ADHS.

#### 4. FINANCIAL REQUIREMENTS

4.1. For Centers for Disease Control and Prevention Public Health Emergency Preparedness (PHEP) Grant

4.1.1. The Contractor shall participate in match requirement:

- 4.1.1.1. The PHEP award requires a ten percent (10%) "in-kind" or "soft" match from all Contractors. Each Contractor must include in their budget submission, the format they shall use to cover the match and method of documentation. Failure to include the match formula shall preclude funding. ADHS may not award a Contract under this program unless the Contractor agrees that, with respect to the amount of the cooperative agreement allocated by ADHS, the Contractor shall make available non-federal contributions in the amount of ten percent (10%) [one dollar (\$1) for each ten dollars (\$10) of federal funds provided in the cooperative agreement) of the award, whether provided through financial or direct assistance. Match may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such non-federal contributions. Documentation of match, including methods and sources, must be included in sub-recipient budgets each budget period, include calculations for both financial assistance and direct assistance, follow procedures for generally accepted accounting practices, and meet audit requirements.



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#### 4.1.1.2. Total Direct Costs

Show the direct costs by listing the totals of each category, including salaries and wages, fringe benefits, consultant costs, equipment, supplies, travel, other, and contractual costs. Provide the total direct costs within the budget.

#### 4.1.1.3. Total Indirect Costs

To claim indirect costs, the Contractor must have a current approved indirect cost rate agreement established with the applicable federal agency. A copy of the most recent indirect cost rate shall be submitted to ADHS with the signed Agreement. Indirect cost percentage cannot exceed the State rate.

#### 4.1.1.4. Indirect Costs

To claim indirect costs, the Contractor must have a current approved indirect cost rate agreement established with the applicable federal agency. A copy of the most recent indirect cost rate shall be submitted to ADHS with the signed Agreement. If the applicant organization does not have an approved indirect cost rate agreement, costs normally identified as indirect costs (overhead costs) can be budgeted and identified as direct costs.

#### 4.1.2. Inventory

Upon request, the Contractor shall provide an inventory list to ADHS. The inventory list shall include all equipment purchased. Items over \$5,000 will require an ADHS asset tag.

#### 4.1.3. Budget Allocation and Work Plan

4.1.3.1. The Contractor shall complete the budget tool provided by ADHS, and return to ADHS for review and approval. Funding shall not be released until the budget has been approved by ADHS; and

4.1.3.2. All activities and procurements funded through the PHEP grant shall be aligned with the budget/spend plan and work plan. These tools shall help the Contractor to reach the goals and objectives outlined in the Attachment A, Grant Guidance section of this document.

4.1.4. Conduct Financial accounting, auditing and reporting consistent with the ADHS Accounting and Auditing Procedures Manual, which can be found at <https://drive.google.com/file/d/15mO7JShrS9VFfgaCXhlmhthqsv74yM9M/view?usp=sharing>, and

4.1.5. Prepare monthly financial reports with supporting documentation by the established due dates identified by ADHS. Failure to accomplish monthly financial reports within specified time frames, without prior coordination of ADHS program leadership, could result in a reduction or loss of grant funding in subsequent years.

## 4.2 For Workforce Development Grant

Regardless of funding allocation for each Budget Period (BP), participants are expected to continue their best efforts towards the completion of the reporting requirements as outlined in section four (4)

### 4.2.1 Match



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4.2.1.1 No match is required for these funds

**4.2.2 Inventory**

4.2.2.1 Provide a complete annual inventory report to include all capital equipment above the five-thousand (\$5,000) thresholds; and

4.2.2.2 Inventory list will be provided to ADHS upon request.

**4.2.3 Budget Allocation and Work Plan**

4.2.3.1 Budgets along with a work plan will be reviewed and approved by ADHS before funding is released

**5. GRANT ACTIVITY OVERSIGHT FOR WORKFORCE DEVELOPMENT GRANT**

ADHS shall monitor the expenditure of funds for the reports submitted. If there are any reports that are not submitted on or before the appropriate submission date, the Contractor could be subject to a potential reduction in funds, or loss of funds for the following year

Expenditures that are not on an approved budget or approved redirection may not be eligible for reimbursement from ADHS.

**6. INTEREST-BEARING ACCOUNTS FOR WORKFORCE DEVELOPMENT GRANT**

According to 45 CFR 74.22 from the United States Government Printing Office, sub-recipients shall maintain advances of federal funds in interest-bearing accounts unless the sub-recipient receives less than \$120,000 per year in Federal awards or the best, reasonably available interest rate would not earn at least \$250 per year or the minimum balance of the depository would be so high that it would not be a reliable resource for funding; and when there is interest accrued, the Contractor is required to submit an annual plan outlining what will be done with the interest accrued. Sub-recipients receiving \$120,000 or more per year in Federal Funds under the HPP award will receive a site visit from ADHS annually. Interest earned in excess of \$250 shall be reported to ADHS annually for potential return.

**7. PERFORMANCE FOR WORKFORCE DEVELOPMENT GRANT**

Failure to meet the performance measures or deliverables may result in a reduction or withholding subsequent awards.

**8. DELIVERABLES**

**8.1. For PHEP Grant**

**8.1.1. The Contractor shall:**

8.1.1.1. Provide primary and secondary contact information for its public health incident command team, to ADHS, as part of the mid-year report (due date determined additionally);

8.1.1.2. Provide annually twenty-four (24) hours a day/seven (7) days a week/three hundred sixty-five (365) days a year public health emergency contact number for its Public Health Department or a designated health emergency contact person and within ten (10) days of any changes;

8.1.1.3. Submit upon activation the primary and secondary contact information for its public health incident command team. At a minimum, contact information shall be provided for the Incident



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Commander, Operations Chief, Planning Chief, Logistics Chief, and Finance/Administrative Chief;

- 8.1.1.4. Submit annually by June 1st a spending plan using the budget tool supplied by ADHS for the completion of the work plan to meet selected deliverables;
- 8.1.1.5. Submit monthly expenditure reports to the ADHS PHEP Financial Coordinator by the last day of the following month using the budget tool provided on the AZ-Program Information and Reporting Exchange (AZ-PIRE) website and include all supporting documents, receipts and reports necessary to back up the expenditures. The website can be found at <https://sites.google.com/azdhs.gov/az-pire/home>.
- 8.1.1.6. Submit a Semi-Annual Report, utilizing the templates provided, to the ADHS PHEP Coordinator;
  - 8.1.1.6.1. Due date shall be determined by ADHS, and
  - 8.1.1.6.2. Report progress on Public Health Emergency Exercises.
- 8.1.1.7. Submit an Annual Report, utilizing the templates provided, to the ADHS PHEP Coordinator;
  - 8.1.1.7.1. Due date shall be determined by ADHS,
  - 8.1.1.7.2. Report progress on MEDSIS, and
  - 8.1.1.7.3. Report progress on Public Health Emergency Exercises.

## 8.1.2. COVID-19 Deliverables

- 8.1.2.1. The Contractor shall:
  - 8.1.2.1.1. Submit a carry-over spend plan, if applicable, as requested by ADHS by September 30<sup>th</sup>, and
  - 8.1.2.1.2. Submit monthly contractor expenditure reports (CERs), if applicable, with detailed information and receipts by the last day of the following month.
- 8.1.2.2. ADHS shall:
  - 8.1.2.2.1. Upon plan approval, send a Purchase Order to the Contractor for the agreed upon allocation from the Price Sheet.

## 8.2 For Workforce Development Grant

### 8.2.1 The Contractor shall:

- 8.2.1.1. Report progress on the activities within approved workplans, spending reports, progress on hiring goals and priorities shall be reported in a timely manner to ensure ADHS has adequate time to compile the information and prepare it for submission at the federal level. Sub-recipient is also responsible to report on diversity, equity, and inclusion plan metrics.
- 8.2.1.2. Progress report - submit status update on meeting hiring goals and diversity, equity and



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inclusion (DEI) metrics. Progress reports are due **every six (6) months**. ADHS shall send out the report template in advance of the due dates:

8.2.1.2.1 The period July 1, 2021 - November 30, 2021 is due December 31, 2021

8.2.1.2.2 The period December 1, 2021 - May 31, 2022 is due June 30, 2022.

8.2.1.2.3 The period June 1, 2022 - November 30, 2022 is due December 31, 2022

8.2.1.2.4 The period December 1, 2022 - May 31, 2023 is due June 30, 2023

8.2.1.3 End-of-Program Report (dates covered: July 1, 2021 – June 30, 2023) - submit final report on overall workplan activities, hiring goals, and DEI metrics. ADHS shall send out the End-of-Program report template in advance of the due date:

8.2.1.3.1 The period July 1, 2021 - June 30, 2023 is due August 25, 2023

**9. NOTICES, CORRESPONDENCE, REPORTS, INVOICES/CERs AND PAYMENT**

9.1. Notices, Correspondence and Reports from the Contractor to ADHS shall be sent to:

Arizona Department of Health Services  
Public Health Emergency Preparedness  
150 North 18th Avenue, Suite 150  
Phoenix, Arizona 85007  
Telephone: 602-364-0587  
Fax: 602-364-3681 | Email: [phepchp@azdhs.gov](mailto:phepchp@azdhs.gov)

9.2. Invoices/CERs shall be sent to: [invoices@azdhs.gov](mailto:invoices@azdhs.gov)

**9.3 Invoicing and Payment**

9.3.1 The Contractor shall submit quarterly invoices equal to one (1) quarter of the annual contract amount;

9.3.2 Invoices shall include a detailed summary of the activities and outcomes included in the billing quarter, and

9.3.3 Upon approval of the Contractor's invoice by ADHS, payment will be processed

**9.4. Automated Clearing House**

ADHS may pay invoices for some or all Orders through an Automated Clearing House (ACH). In order to receive payments in this manner, the Contractor must complete an ACH Vendor Authorization Form (form GAO-618) within 30 (thirty) days after the effective date of the Contract. The form is available online at: <https://gao.az.gov/sites/default/files/GAO-618%20ACH%20Authorization%20Form%20101019.pdf>

9.4.1. ACH Vendor Authorization Form shall be emailed to [Vendor.Payautomation@azdoa.gov](mailto:Vendor.Payautomation@azdoa.gov)

9.5. Notices, Correspondence and Payments from the ADHS to the Contractor shall be sent to:

Cochise County  
Attn: Alicia Thompson



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1415 Melody Lane  
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Office: 520-432-9468  
Email: [Athompson@cochise.az.gov](mailto:Athompson@cochise.az.gov)



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**PRICE SHEET**

**PHEP GRANT  
Budget Period Three (3)**

July 1, 2021 through June 30, 2022

**Cost Reimbursement**

Description	Amount
Funds to enhance current PHEP activities per the deliverables in Attachment A and upon ADHS approval of monthly Contractor Expenditure Reports (CER's).	\$241,241.00
<b>TOTAL (NOT TO EXCEED)</b>	<b>\$241,241.00</b>

**WORKFORCE DEVELOPMENT GRANT**

July 1, 2021 through June 30, 2023

**Cost Reimbursement**

Description	Amount
Funds pertaining to the Workforce Development Grant Scope of Work and upon ADHS approval of quarterly Contractor Expenditure Reports (CERs).	\$669,376.00
<b>TOTAL (NOT TO EXCEED)</b>	<b>\$669,376.00</b>





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Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)

**Public Health Emergency Preparedness (PHEP)  
Cooperative Agreement**

Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity

**Department of Health and Human Services - Centers  
for Disease Control and Prevention**

Assistance Listings number and Title; the pass-through entity must identify the dollar amount made available under each Federal award and the Assistance Listings Number at time of disbursement.

**93.069**

Identification of whether the award is R&D

Indirect cost rate for the Federal award (including if the de minimis rate is charged) per § 200.414



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Agreement No.: CTR055207

IGA Amendment No.: 1

Procurement Officer  
**Karla Varela**

**EXHIBIT B**

**Exhibit - 2 CFR 200.332**

**§ 200.332**

**Requirements for pass-through entities.**

**All pass-through entities must:**

(a) Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the following information at the time of the subaward and if any of these data elements change, include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the Federal award and subaward.

Prime Awardee:	Arizona Department of Health Services
DUNS #	804745420
Federal Award Identification (Grant Number):	<u>NU90TP22172-01-00</u>
Subrecipient name (which must match the name associated with its unique entity identifier):	<u>Cochise County</u>
Subrecipient's unique entity identifier (DUNS #):	<u>02-012-6041</u>
Federal Award Identification Number (FAIN, sometimes it's the same as the Grant Number):	<u>NU90TP22172</u>
Federal Award Date (see the definition of Federal award date in § 200.1 of this part) of award to the recipient by the Federal agency;	<u>5/19/2021</u>
Subaward Period of Performance Start and End Date;	<u>07/01/2021 - 06/30/2023</u>
Subaward Budget Period Start and End Date:	<u>07/01/2021 - 06/30/2023</u>
Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient (this is normally the contract amount):	<u>\$669,376.00</u>
Total Amount of Federal Funds Obligated to the subrecipient by the pass-through entity including the current financial obligation (how much is available for contracts):	<u>\$43,570,409.00</u>
Total Amount of the Federal Award committed to the subrecipient by the pass-through entity	<u>\$43,570,409.00</u>



**INTERGOVERNMENTAL AGREEMENT (IGA)  
Amendment**

**ARIZONA DEPARTMENT  
OF HEALTH SERVICES**  
150 18<sup>th</sup> Ave Suite 530  
Phoenix, Arizona 85007

Agreement No.: **CTR055207**

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Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)

**Cooperative Agreement for Emergency Response -  
Public Health Crisis Response – 2018**

**(Workforce Development Grant)**

Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity

**Department of Health and Human Services - Centers  
for Disease Control and Prevention**

Assistance Listings number and Title; the pass-through entity must identify the dollar amount made available under each Federal award and the Assistance Listings Number at time of disbursement:

**93.354**

Identification of whether the award is R&D

Indirect cost rate for the Federal award (including if the de minimis rate is charged) per § 200.414