

## Notice of Renewal Consideration

**DATE:** May 12, 2025

**TO:** Cochise Health and Social Services  
Attn: Emily Harris  
[EHarris@cochise.az.gov](mailto:EHarris@cochise.az.gov)

**FROM:** Russell Spencer, Grants and Contracts Specialist

**RE:** Grant Renewal Information for State Fiscal Year 2026 (SFY26)

The following First Things First grant is eligible for renewal consideration. Receipt of this packet does not guarantee renewal of the grant award but if renewed, the award period for the SFY26 grant will be July 1, 2025 through June 30, 2026.

<b>Grantee Name:</b>	Cochise Health and Social Services
<b>SFY25 FTF Grant Number:</b>	GRA-STATE-24-1242-01-Y2
<b>Strategy:</b>	Child Care Health Consultation
<b>Eligible Renewal Amount for SFY26:</b>	\$138,420

The renewal packet includes the following documents:

**1. Grant Renewal Amendment**

Confirm the eligible award amount and contracted service units on the form.

**2. Line-Item Budget and Budget Narrative**

The SFY26 Line-Item Budget and Budget Narrative should continue to align with the approved SFY25 Line-Item Budget and Budget Narrative and the scope of the approved programming.

**3. Program Personnel Table**

Complete the table with the personnel that align with the SFY26 Line-Item Budget and Budget Narrative.

### **Follow Up Action Necessary**

Please complete all documents; have your designated signatory sign the amendment, line-item budget, and budget narrative; and then email all items back to me by **June 13, 2025**.

If the renewal is approved by the Board of First Things First at the June 2025 meeting, First Things First will countersign the amendment document and scan/email it back for your records.

### **Reminders**

Grantees must always adhere to the latest version of the Standards of Practice which can be located in the Strategy Toolkit, [www.firstthingsfirst.org/grants/strategy-toolkit](http://www.firstthingsfirst.org/grants/strategy-toolkit) and related policy documents that apply to this grant. Additional policy/grant-related documents (FTF Grants Uniform Terms and



4000 North Central Avenue, Suite 500, Phoenix, Arizona 85012  
602.771.5100 | 877.803.7234 | [firstthingsfirst.org](http://firstthingsfirst.org)

Conditions, FTF Data Security Policy and Procedures, and the FTF Tribal Data Policy) are located under Grantee Resources, [www.firstthingsfirst.org/grants/grantee-resources](http://www.firstthingsfirst.org/grants/grantee-resources).


**SFY26 Data Template Training**

If refresher data template training is needed for SFY26, please contact the FTF Evaluation team to schedule, [ftfevaluation@firstthingsfirst.org](mailto:ftfevaluation@firstthingsfirst.org).

**Closing out SFY25**

Your current grant ends June 30, 2025. Final narrative and data reports must be submitted on or before July 21, 2025 and your final request for reimbursement must be submitted no later than August 15, 2025 (45 days from the grant end date.) Unexpended funds from SFY25 do not carry over to SFY26.

If you have any questions, please contact me by email at [rspencer@firstthingsfirst.org](mailto:rspencer@firstthingsfirst.org).  
Thank you.

	<b>Grant Renewal Amendment</b>	Early Childhood Development and Health Board (First Things First) 4000 North Central Avenue, Suite 500 Phoenix, Arizona 85012 (602) 771-5100
	<b>Grant Renewal/2026 Grant Award</b> GRA-STATE-24-1242-01-Y3 Cochise Regional Partnership Council Child Care Health Consultation	

**GRANTEE:**  
**Cochise Health and Social Services**

**PURPOSE OF AMENDMENT:**

1. The parties renew the Grant Agreement for the period of July 1, 2025 through June 30, 2026.
2. Total award amount for the grant period is \$138,420
3. Contracted Service Units:  
 Strategy: Child Care Health Consultation  
 Number of Slots: 36
4. The grantee is responsible for all updated Standards of Practice located in the First Things First Partner and Grant Management System (PGMS) under Grantee Resources/Standards of Practice.
5. All other terms and conditions remain unchanged and are according to the original award documents, clarification documents and renewal submission documents.

Contractor hereby acknowledges receipt and understanding of the contract amendment:

\_\_\_\_\_

Signature

\_\_\_\_\_

Name

\_\_\_\_\_

Title

\_\_\_\_\_

Date

The above referenced amendment is hereby executed effective July 1, 2025 once signed and dated below:

\_\_\_\_\_

Josh Allen  
 CFO/COO

\_\_\_\_\_

Date

## Line-Item Budget and Budget Narrative

### SFY26 Line-Item Budget Budget period: July 1, 2025 – June 30, 2026

Budget Category	Line Item Description	Requested Funds	Total Cost
<b>PERSONNEL SERVICES</b>		<b>Personnel Services Sub Total</b>	<b>\$84,250.00</b>
	Salaries		
<b>EMPLOYEE RELATED EXPENSES</b>		<b>Employee Related Expenses Sub Total</b>	<b>\$32,400.00</b>
	Fringe Benefits or Other ERE		
<b>PROFESSIONAL AND OUTSIDE SERVICES</b>		<b>Professional &amp; Outside Services Sub Total</b>	<b>\$0.00</b>
	Contracted Services		
<b>TRAVEL</b>		<b>Travel Sub Total</b>	<b>\$5,000.00</b>
	In-State Travel		2,500.00
	Out-of-State Travel		2,500.00
<b>AID TO ORGANIZATIONS OR INDIVIDUALS</b>		<b>Aid to Organizations or Individuals Sub Total</b>	<b>\$0.00</b>
	Subgrants or Subcontracts to organizations/ agencies/entities		
<b>OTHER OPERATING EXPENSES</b>		<b>Other Operating Expenses Sub Total</b>	<b>\$16,770.00</b>
	Telephones/Communications Services		
	Internet Access		
	General Office Supplies		
	Food		
	Rent/Occupancy		
	Utilities		
	Furniture		
	Postage		
	Software (including IT supplies)		
	Dues/Subscriptions		
	Advertising		
	Printing/Copying		
	Equipment Maintenance		
	Professional Development (Staff Training, Conferences, Workshops, Training Fees for Staff)		
	Insurance		
	Program Materials		
	Program Supplies		16,770.00
	Scholarships		
	Program Incentives		
<b>NON-CAPITAL EQUIPMENT</b>		<b>Non-Capital Sub Total</b>	<b>\$0.00</b>
	Equipment \$4,999 or less in value		
<b>SUBTOTAL DIRECT PROGRAM COSTS</b>			<b>\$138,420.00</b>
<b>ADMINISTRATIVE/INDIRECT COSTS</b>		<b>Total Admin/Indirect</b>	<b>\$0.00</b>
	Indirect/Admin Costs		
<b>TOTAL</b>			<b>\$138,420.00</b>

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

## **SFY26 Budget Narrative**

The budget narrative should provide a clear and concise description of how amounts were determined, including calculations, for each proposed line item in the Line-Item Budget. If a budget category does not apply, either leave blank or delete the category.

**Personnel Services:** *Include information such as position title(s), name of employee (if known), salary, time to be spent on this program (hours or %), number of months assigned to this program, etc. Explain how the salary rate for each position was determined. If salaries are expected to increase during the program year, indicate the percentage increases for each position and justify the percent of the salary increase.*

Public Health Nurse-Andrea White, RN \$36.0763/hour, 24 hours/week for 12 months  
Public Health Educator- Leslie Johns \$25.14/hours, 30 hours/week for 12 months

Market study for Arizona public health professionals used to justify salary. Public health nurse market salary: \$39.64; health educator III market salary: \$25.14.

**Employee Related Expenses:** *Include a benefit percentage and what expenses make up employee benefit costs. Indicate any special rates for part-time employees, if applicable. Explain how the benefits for each position were determined. If using a fringe benefit rate, explain how this percentage is justified or approved by your agency/organization.*

EREs for two employees:  
OASI Contributions - \$6,500  
ASRS - \$11,000  
Work Comp - \$750  
Health insurance - \$14,000  
Dental- \$150

**Professional and Outside Services:** *If professional consultants/services costs are proposed in the budget, define how the costs for these services were determined and the justification for the services related to the program. Explain how all contracts will be procured.*

None

**Travel:** *Separate in-state and out-of-state travel. Include a detailed breakdown of hotel, transportation, meal costs, etc. Indicate the location(s) of travel, the justification for travel, how many employees will attend and how the estimates have been determined. Applicants **must** use the State of Arizona Travel Policy reimbursement rates for mileage, lodging, and meals for both in-state and out-of-state travel. For current Arizona state rates, visit: <https://gao.az.gov/state-arizona-accounting-manual-saam> - Travel Policy (Topic 50) & Reimbursement Rates (Section 95).*

In-state travel expenses relate to the use of county vehicles to and from locations the employees will have to travel to while in the conduct of their duties.

**Aid to Organizations or Individuals:** *In the event that this application represents collaboration and you will be utilizing subcontractors (including subgrantees) to perform various components of the program, include a list of subcontractors, programmatic work each subcontractor will perform, and how costs for each subcontractor are determined.*

None

**Other Operating Expenses:** Explain each item to be purchased, how the costs were determined and justify the need for the items. All purchases should be made through competitive bid or using established purchasing procedures. Items can only be categorized in the following line items: Telephones /Communications Services, Internet Access, General Office Supplies, Food, Rent/Occupancy, Utilities, Furniture, Postage, Software (including IT supplies), Dues/Subscriptions, Advertising, Printing/Copying, Equipment Maintenance, Professional Development (Staff Training, Conferences, Workshops, and Training Fees for Staff), Insurance, Program Materials, Program Supplies, Scholarships, and Program Incentives.

These will cover expenses incurred to purchase office supplies and any program specific material and supplies.

**Non-Capital Equipment:** For items with a unit cost less than \$5,000 and an initial estimated useful life beyond a single year, explain each item to be purchased, how the costs were determined and justify the need for the items. All purchases should be made through competitive bid or using established purchasing procedures. For example, items such as computers, printers, projectors, etc. each with a unit cost less than \$5,000.

None

**Administrative/Indirect Costs:** Administrative costs are general or centralized expenses of overall administration of an agency/organization that receives grant funds and does not include particular program costs. Such costs are generally identified with the agency/organization's overall operation and are further described in 2 CFR 220, 2 CFR 225, and 2 CFR 230.

Indirect costs are costs of an organization that are not readily assignable to a particular program, but are necessary to the operation of the organization and the performance of the program. The cost of operating and maintaining facilities, depreciation, and administrative salaries are examples of the types of costs that are usually treated as indirect.

**Applicants must list either Option A or Option B and provide proper justification for expenses included:**

- Option A - Administrative Costs:** with proper justification, applicants may include an allocation for administrative costs for up to 10% of the total direct costs requested of the grant request. Administrative costs may include allocable direct charges for: costs of financial, accounting, auditing, contracting or general legal services; costs of internal evaluation, including overall management improvement costs; and costs of general liability insurance that protects the agency/organization(s) responsible for operating a program, other than insurance costs solely attributable to the program. Administrative costs may also include that portion of salaries and benefits of the program's director and other administrative staff not attributable to the time spent in support of a specific program.

**OR**

- Option B - Federally Approved Indirect Costs:** If your agency/organization has a federally approved indirect cost rate agreement in place, applicants may include an allocation for indirect costs for up to 10% of the direct costs. **Applicants must provide a copy of their federally approved indirect cost rate agreement.**

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_



## Program Personnel Table

In the following table, provide a list of all personnel or positions that will be **fully or partially funded** through the program (listed under Personnel Services/Salaries in the budget) and the Full-Time Equivalent (FTE) for each position. For Key Personnel positions to be hired (TBH), describe the desired background/experience/degrees and field of study - and for all Key Personnel positions, indicate whether personnel meet the staffing qualifications in the Standards of Practice (SOP).

Key Personnel - those individuals directly responsible for program implementation/services and are fully or partially funded through the proposed program.				
Name/ Position Title	Background/Expertise* Must include qualifications that align with the Standards of Practice (SOP)	Key Roles and Responsibilities	Meets the SOP Staffing Qualifications Yes/No**	FTEs funded through the program
<i>Andrea White, RN Public Health Nurse, CCHC</i>	<i>Community health nurse with over 5 years of experience in a public health setting and experience in consultation with early care and education settings.</i>	<i>Contacts enrolled participants to provide onsite consultation and training based on the standards of practice; helps maintain CPR certification. Provides safety and quality checks, develops action plans, documentation of activities, and other administrative duties.</i>	Yes	0.6
<i>Leslie Johns, Health Educator, CCHC</i>	<i>Community health professional with expertise in health education. Experience with providing consultation to early care and education settings.</i>	<i>Contacts enrolled participants to provide onsite consultation and training based on the standards of practice. Provides safety and quality checks, develops action plans, documents activities, and other administrative duties as assigned.</i>	No, waiver provided	0.75
Additional Personnel - those individuals partially funded through the proposed program but who do not directly implement or have direct program oversight of the program.				
<b>Program Total FTEs:</b>				<b>1.35</b>

\* Resumes and/or job descriptions for key personnel may be requested at any time but unless otherwise indicated, they do not need to be submitted.

\*\* By signing this document, I assure that all key personnel meet the Personnel/Staff Qualifications outlined in the FTF Standards of Practice or if any personnel do not meet the Staff Qualification standards, they have been approved through the FTF Request for Exemption from Staff Qualification process prior to hire.

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Date

