



INTERGOVERNMENTAL AGREEMENT (IGA)

Amendment

ARIZONA DEPARTMENT
OF HEALTH SERVICES
OFFICE OF PROCUREMENT

150 N. 18th Ave., Suite 530
Phoenix, Arizona 85007

Contract No.: **CTR070113**

IGA Amendment No: **Five (5)**

Procurement Officer:
Elizabeth Syms

CDC Overdose Data to Action - OD2A-S Cochise County

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

- Pursuant to Terms and Conditions, Provision Four (4) Contract Administration and Operation, subsection 4.2 Contract Renewal, the Contract is hereby revised with the following:
 - Amendment Five (5) will correct the begin date back to January 1st, 2024 that was inadvertently changed on Amendment One (1) to September 1st, 2023 to try and align the term dates with the funding dates. This change was not necessary and is being corrected on this amendment.
- Pursuant to Terms and Conditions, Provision Six (6) Contract Changes, subsection 6.1 Amendments, the Contract is hereby revised with the following:
 - The Scope of Work is revised and replaced to update Provision Six (6), Tasks and Provision Eleven (11), Notices, Correspondence and Reports.
 - The Price Sheet is revised and replaced to support the budget period of September 1st, 2026 to August 31st, 2027.
 - Exhibit One (1), 2CFR 200.332, is revised and replaced to reflect FY27 Federal Funding.

ALL CHANGES ARE REFLECTED IN **RED**

All other provisions of this agreement remain unchanged.

Cochise County

Contractor Name:

1415 Melody Lane Bldg. C

Address:

Bisbee

AZ

85603

City

State

Zip

County Authorized Signature

Print Name

Title and Date

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

Signature

Date

[Signature] 9/17/26

This Intergovernmental Agreement Amendment shall be effective the date indicated. The Public Agency is hereby cautioned not to commence any billable work or provide any material, service or construction under this IGA until the IGA has been executed by an authorized ADHS signatory.

State of Arizona

Signed this _____ day of _____ 2025.

Print Name

Jonathan Pinkney

Procurement Officer

Contract No.: **CTR070113**, 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 OFFICE OF PROCUREMENT 150 N. 18th Ave., Suite 530 Phoenix, Arizona 85007
	Contract No.: CTR070113	IGA Amendment No: Five (5)	Procurement Officer: Elizabeth Syms

1. BACKGROUND

- 1.1. The Arizona Department of Health Services (ADHS), through the Office of Injury and Violence Prevention (OIVP), administers funding from the Centers for Disease Control and Prevention (CDC) for the Overdose Data to Action (OD2A) Cooperative Agreement. The primary objective of the Overdose Data to Action in States (OD2A-S) initiative is to enhance ADHS's capacity to track and prevent both nonfatal and fatal overdoses while also identifying emerging drug threats.
- 1.2. OD2A-S focuses on implementing surveillance strategies and promoting evidence-based interventions designed to immediately reduce overdose morbidity and mortality. The initiative targets opioids, stimulants, and polysubstance use when these substances are used in combination. Central to OD2A-S is a data-to-action framework that emphasizes the utilization of surveillance and other data to inform prevention efforts and policy decisions, with a strong commitment to addressing health equity and disparities.
- 1.3. ADHS is dedicated to supporting County health departments in the execution of data-driven prevention programs. As part of the OD2A-S priorities, ADHS provides necessary support to participating counties, which will engage in activities aligned with the following prevention strategies:
 - 1.3.1. **Strategy Seven (7):** Public Safety Partnerships/Interventions
 - 1.3.2. **Strategy Eight (8):** Harm Reduction
 - 1.3.3. **Strategy Nine (9):** Community-Based Linkages to Care (LTC)
- 1.4. The abuse and addiction to opioids represents a significant and complex public health challenge at both national and state levels. Over the past two (2) decades, drug overdose deaths have escalated, becoming the leading cause of injury-related death in the United States. According to CDC data, there were 92,452 overdose deaths reported in 2020, a thirty percent (30%) increase from 71,130 in 2019. Of these deaths, opioids were implicated in 69,031 cases, accounting for seventy-five percent (75%) of all drug overdose fatalities.
- 1.5. Historically, the opioid epidemic was largely driven by prescription medications. Data from Arizona's Controlled Substances Prescription Monitoring Program (CSPMP) indicates that in 2019, there were approximately 4.1 million Class II-IV prescriptions written and over 240 million pills dispensed in the state—equating to around thirty-four (34) controlled substance pills for every Arizona resident. However, recent statistics reveal that Arizona ranks twenty eighth (28th) in opioid prescribing, with forty-four point one (44.1) prescriptions per 100 people, indicating that prescription practices are no longer the primary cause of overdose deaths.
- 1.6. Currently, the predominant factor in the opioid crisis is the emergence of fentanyl. In 2019, synthetic opioids were responsible for more than 36,000 deaths in the U.S., representing seventy-three percent (73%) of all opioid-related fatalities that year. The majority of these deaths were linked to illicitly manufactured fentanyl, commonly found in counterfeit pills or mixed with other drugs, such as heroin. In Arizona, the presence of fentanyl in overdose cases rose dramatically from nine percent (9%) in 2017 to fifty percent (50%) in 2021.

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- 1.7. Beyond the tragic human toll, the financial implications of opioid misuse are substantial. In 2019 alone, there were 56,623 hospital visits in Arizona related to opioid use, with an average cost of \$11,942 per visit, resulting in an estimated \$676 million in healthcare costs associated with opioids.
- 1.8. The escalating addiction rates and overdose deaths, driven by both prescription and illicit opioids, underscore a growing national crisis. Overdose fatalities now rank as the leading cause of preventable injury deaths in the United States, necessitating urgent and effective interventions through initiatives like OD2A-S.
- 1.9. Cochise County Health and Social Services (CCHSS) receives OD2A Cooperative Agreement funds to achieve goals that align with strategies aimed at enhancing surveillance, prevention, and intervention efforts related to overdose deaths. This includes implementing evidence-based practices to reduce opioid and stimulant misuse, improving harm reduction initiatives, fostering community partnerships, and addressing health disparities to ensure equitable access to care and support for affected populations. Through these efforts, CCHSS seeks to enhance public health outcomes and ultimately decrease the incidence of both fatal and nonfatal overdoses in the community.

2. OBJECTIVE

The objective of this agreement aims to address the escalating opioid crisis in Arizona by enhancing the capacity of County health departments to implement effective prevention strategies, improve access to overdose prevention tools and treatment options, and strengthen community linkages for individuals with Opioid Use Disorder (OUD). The expected outcomes include reduced opioid misuse, increased retention in care, and improved overall community health and safety.

3. SCOPE OF SERVICES

- 3.1 The purpose of this Intergovernmental Agreement (IGA) is to strengthen harm reduction and community-based linkages to care in Cochise County in response to substance use challenges. Cochise County Health and Social Services (CCHSS) will lead efforts to expand access to naloxone by distributing 10,000 doses throughout FY26 via fifteen (15) community events and partnerships with five new organizations not previously involved in naloxone distribution.
- 3.2 CCHSS will provide monthly Overdose Recognition and Response trainings to equip at least 350 individuals and ten (10) organizations with lifesaving skills by the end of FY26. In coordination with harm reduction and peer support organizations, including Cochise Harm Reduction, CCHSS will co-lead three targeted community response efforts—such as test strip distribution or educational campaigns—to address emerging drug threats or overdose clusters.
- 3.3 To strengthen care continuity, CCHSS will maintain and enhance the post-release transportation to treatment program in collaboration with the Cochise County Jail by conducting quarterly data reviews and holding at least two (2) interdisciplinary quality improvement meetings in FY26.
- 3.4 Additionally, CCHSS will improve community awareness of local support services by updating and disseminating printed and digital provider directories to at least twenty-five (25) community partners and participating in ten (10) local events to distribute materials and engage the public.
- 3.5 Through these integrated activities, CCHSS aims to reduce overdose risks, improve community responsiveness, and strengthen linkages to care for individuals affected by substance use.

	INTERGOVERNMENTAL AGREEMENT (IGA) Amendment		ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF PROCUREMENT 150 N. 18th Ave., Suite 530 Phoenix, Arizona 85007
	Contract No.: CTR070113	IGA Amendment No: Five (5)	Procurement Officer: Elizabeth Syms

4. REQUIREMENTS

The County shall:

- 4.1. Designate a point of contact that will be responsible for maintaining documentation of any Public Service Announcements (PSAs) created and placed in the county, regarding opioid misuse prevention.
- 4.2. Participate in:
 - 4.2.1. Surveys.
 - 4.2.2. Interviews (remote or face-to-face).
 - 4.2.3. Questionnaires developed and disseminated by ADHS' Evaluation Team or Consultant to collect data and information necessary to assess the state and local progress with meeting grant related goals, objectives, evaluation, and outcomes.
- 4.3. Receive prior approval before developing or releasing any PSAs or new educational materials.
- 4.4. Prepare and submit annual budget(s) and work/ action plan(s).
- 4.5. Prepare and submit quarterly Contractors Expenditures Reports (CERs) and documentation at the end of each quarter.
- 4.6. Submit quarterly reports to ADHS detailing quarterly progress on grant activities.
- 4.7. Plan, schedule, and attend onsite/ virtual site visits with ADHS staff, as necessary to meet grant requirements.
- 4.8. Attend and participate in quarterly Contractor meetings with ADHS.

5. FUNDING RESTRICTIONS

Funds cannot be used for the following:

- 5.1. Purchasing tents and sleeping bags is not allowable as this is considered housing supplies.
- 5.2. Promotional items:
 - 5.2.1. Promotional items with logos and website QR codes such as gifts and souvenirs. Including:
 - 5.2.1.1. Water bottles.
 - 5.2.1.2. Lip balm.
 - 5.2.1.3. Sunscreen.
 - 5.2.1.4. Hand sanitizer.
 - 5.2.1.5. Tote bag.

	INTERGOVERNMENTAL AGREEMENT (IGA) Amendment		ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF PROCUREMENT 150 N. 18th Ave., Suite 530 Phoenix, Arizona 85007
	Contract No.: CTR070113	IGA Amendment No: Five (5)	Procurement Officer: Elizabeth Syms

5.2.1.6. Wrist bands.

5.2.2. Promotional items such as gifts and souvenirs are unallowable.

5.2.2.1. Advertising costs for the purpose of program outreach and purposes within the scope of the program can be considered allowable.

5.3. Cash as compensation for data collection or using cash for LTC outreach and engagement.

5.4. Funding for data collection or data analysis through Behavioral Risk Factor Surveillance System (BRFSS) or Youth Risk Behavior Surveillance System (YRBS) surveys.

5.5. Funding for Neonatal Abstinence Syndrome (NAS) surveillance, or Hepatitis C/Human Immunodeficiency Virus (HIV) surveillance.

5.6. Funding for wastewater/sewage surveillance.

5.7. Drug testing for deaths due to motor vehicle crashes.

5.8. Ensuring that Prescription Drug Monitoring Programs (PDMP) are easy to access and use by clinicians:

5.8.1. Providing reimbursement/incentives to clinicians.

5.8.2. Providing direct care, e.g., providing care based off Screening, Brief Intervention, and Referral to Treatment (SBIRT) tool or for Substance Use Disorder (SUD)/ OUD.

5.9. Integrate the PDMP with other health systems data:

5.9.1. Spending beyond twenty percent (20%) of prevention budget on PDMP activities for PDMPs that do not meet the statutory standards as defined in 45 CFR Part 170 (as set forth in 21st Century Cures Act) which includes use of open standards, open architecture, and open application programming interfaces and maintaining bidirectional connections.

5.10. Costs associated with general clinician training/educational activities and clinic-associated items/activities:

5.10.1. Providing financial incentives for clinicians to participate in educational sessions and training activities (e.g., participation in academic detailing, attending seminars, completion of post-session surveys).

5.10.2. Purchasing/leasing furniture.

5.10.3. Purchasing naloxone.

5.10.4. Purchasing syringes (excluding syringes for use with intramuscular naloxone).

5.10.5. Implementing drug disposal (drug disposal programs, drug take back programs, drug drop box, drug disposal bags).

5.10.6. Providing direct patient care.

	INTERGOVERNMENTAL AGREEMENT (IGA) Amendment		ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF PROCUREMENT 150 N. 18th Ave., Suite 530 Phoenix, Arizona 85007
	Contract No.: CTR070113	IGA Amendment No: Five (5)	Procurement Officer: Elizabeth Syms

5.10.7. Conducting HIV, hepatitis B/C, and/or Sexually Transmitted Infection (STI) testing.

5.11. Building and implementing health system capacity including but not limited to screening, diagnosing, connecting to, and supporting trauma-informed longitudinal care for OUD and Stimulant Use Disorder (StUD) and support recovery for adults and adolescents:

5.11.1. Fees associated with clinicians obtaining Drug Enforcement Agency (DEA) licensure.

5.11.2. Direct funding or expansion of the provision of clinical substance abuse treatment.

5.12. Developing and maintaining Public Health/Public Safety (PH/PS) partnerships or collaboratives at the state level:

5.12.1. Direct patient care for those experiencing disrupted access to prescription opioids or other substances.

5.12.2. Purchase of machines like TruNarc for the purpose of reducing fentanyl exposure among first responders.

5.12.3. Activities without both a public health and public safety component.

5.13. Efforts to improve the sharing, availability, and/or use of data that are not directly related to drug threats, overdose, and associated drivers and harms.

5.14. Implementing evidence-based overdose prevention strategies at the intersection of PH/PS (including LTC and harm reduction):

5.14.1. Purchasing naloxone.

5.14.2. Purchasing syringes (excluding syringes for use with intramuscular naloxone).

5.15. Syringe Service Programs (SSP):

5.15.1. Establishing a new SSP.

5.15.2. Purchasing syringes. (excluding syringes for use with intramuscular naloxone).

5.15.3. Implementing drug disposal (drug disposal programs, drug take back programs, drug drop box, drug disposal bags).

5.15.4. Provision of equipment solely intended for illegal drug use such as:

5.15.4.1. Cookers/spoons.

5.15.4.2. Syringes.

5.15.4.3. Pipes.

	INTERGOVERNMENTAL AGREEMENT (IGA) Amendment		ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF PROCUREMENT 150 N. 18th Ave., Suite 530 Phoenix, Arizona 85007
	Contract No.: CTR070113	IGA Amendment No: Five (5)	Procurement Officer: Elizabeth Syms

5.15.5. Procurement of other equipment solely intended for preparing drugs for illegal drug injection such as:

5.15.5.1. Sterile water.

5.15.5.2. Filters.

5.15.5.3. Tourniquets.

5.15.5.4. Razors.

5.15.5.5. Straws.

5.15.5.6. Plastic cards.

5.15.5.7. Tiny spoons.

5.15.6. Supervised consumption sites (controlled environments that facilitate safer use of illicit drugs by providing medical staff, clean facilities, and education).

5.16. Overdose Education and Naloxone Distribution (OEND):

5.16.1. Distribution of expired naloxone.

5.16.1.1. OD2A funds may not be used to distribute expired naloxone.

5.16.1.1.1. For guidance on distribution of expired naloxone using non-CDC funds, consult with your health department for guidance.

5.16.2. Purchase of naloxone.

5.17. Initiating LTC activities:

5.17.1. Funding or subsidizing rent for individuals linked to treatment.

5.18. Supporting retention in care:

5.18.1. Purchasing and distributing test strips for testing in biological samples for clinical decision-making purposes.

5.18.2. Providing limited, local housing (e.g., one to two (1-2) days in a hotel) while linking individuals to treatment.

5.18.3. Purchasing/leasing furniture.

5.18.4. Purchasing naloxone.

5.19. Facilitating and Maintaining Recovery.

5.19.1. Infrastructure costs for educational sessions and trainings (e.g., rent, utilities, etc.).

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	Contract No.: CTR070113	IGA Amendment No: Five (5)	Procurement Officer: Elizabeth Syms

5.20. Cross category activities:

- 5.20.1. Funding or subsidizing costs associated with programs other than those specifically targeting overdose prevention (unless to support staff salaries for linkage to treatment, harm reduction, and support services).
- 5.20.2. Implementing drug disposal (drug disposal programs, drug take back programs, drug drop box, drug disposal bags).
- 5.20.3. Direct patient care (e.g., medical provider salaries, the provision of treatment, treatment incentives).
- 5.20.4. HIV, hepatitis, and/or sexually transmitted infection testing.

6. TASKS

The Contractor shall complete tasks to achieve the following goals under each prevention strategy:

6.1 **Strategy Seven (7): Public Safety Partnerships**

- 6.1.1 **Convene at least 10 Cochise County Addiction and Recovery Partnership (CARP) Meetings that engage public health, law enforcement, behavioral health, treatment providers, and other community partners to coordinate overdose prevention efforts, review local overdose trends, share resources, strengthen referral pathways, and identify collaborative actions to address emerging community needs.**

6.2 **Strategy Eight (8): Harm Reduction**

- 6.2.1 **Conduct countywide overdose prevention education and expand naloxone distribution through community distribution hubs, sub-distributors, community events, and partnerships with organizations serving populations at greatest risk of experiencing or witnessing an overdose.**

6.3 **Strategy Nine (9): Community-Based Linkage to Care**

- 6.3.1 **Maintain and improve post-release transportation to treatment programs with Cochise County Jail by conducting quarterly data reviews and holding at least two interdisciplinary quality improvement meetings to assess and enhance service delivery.**
- 6.3.2 **Increase awareness of local support services by updating and distributing printed and digital provider lists to at least 25 community partners and participating in 10 local events to share materials and engage the public.**

7. STATE-PROVIDED ITEMS

ADHS will:

- 7.1. Provide budget, work/ action plan, CER, and quarterly report templates.
- 7.2. Coordinate quarterly Contractor calls with county staff to facilitate State and County updates, and progress on opioid prevention projects and activities.
- 7.3. Host an annual meeting for funded agencies and organizations, either face-to-face or virtual.

	INTERGOVERNMENTAL AGREEMENT (IGA) Amendment		ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF PROCUREMENT 150 N. 18th Ave., Suite 530 Phoenix, Arizona 85007
	Contract No.: CTR070113	IGA Amendment No: Five (5)	Procurement Officer: Elizabeth Syms

- 7.4. Schedule meetings and professional development opportunities with Counties to provide additional support for the implementation of grant related activities.

8. REFERENCE DOCUMENTS

- 8.1. Arizona Opioid Epidemic Webpage and Interactive Data Dashboard:

8.1.1. azhealth.gov/opioid

- 8.2. Arizona Opioid Assistance and Referral (OAR) Line:

8.2.1. <https://phoenixmed.arizona.edu/oar>

- 8.3. CDC Drug Overdose Website:

8.3.1. <https://www.cdc.gov/drugoverdose/>

9. APPROVALS

- 9.1. Prior to publishing or recording any marketing materials including, but not limited to, brochures, posters, public service announcements, publications, videos, or journal articles which will be developed and paid using funds awarded under this Contract, a draft of the marketing material must first be approved by ADHS. The ADHS Communications Director must approve prior to the dissemination of such materials or airing of such announcements.
- 9.2. With prior written approval from the ADHS Program Manager, the Contractor is authorized to transfer up to a maximum of ten percent (10%) of the total budget amount between line items. 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 Contractor should reach out to the ADHS Program Manager before the end of the 3rd quarter, so that a timely amendment can be processed by ADHS.
- 9.3. Requests for publication, student thesis or dissertations based on the work funded by this Intergovernmental Agreement must be approved in writing, in advance, by the ADHS Principal Investigator. The Contractor shall submit the request to the ADHS Principal Investigator at least forty-five (45) days in advance of the proposed publication date. ADHS agrees to limit circulation and use of such materials to internal distributions with ADHS and agrees that such distribution will be solely for the purposes of review and comment. ADHS may require additional statements and will provide the statements when needed.

10. DELIVERABLES

The Contractor shall:

- 10.1 Participate in data collection activities (surveys, interviews, questionnaires) led by ADHS or its evaluation contractors to support program evaluation and monitoring.
- 10.2 Obtain prior ADHS approval before releasing PSAs or new educational materials.
- 10.3 Submit annual budgets and work/action plans that reflect FY26 SMART goals, measurable benchmarks, and target audiences.

	INTERGOVERNMENTAL AGREEMENT (IGA) Amendment		ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF PROCUREMENT 150 N. 18 th Ave., Suite 530 Phoenix, Arizona 85007
	Contract No.: CTR070113	IGA Amendment No: Five (5)	Procurement Officer: Elizabeth Syms

- 10.4 Submit quarterly Contractor Expenditure Reports (CERs) and required documentation.
- 10.5 Submit quarterly progress reports to ADHS that include:
 - 10.5.1 Naloxone distribution metrics
 - 10.5.2 Training participation totals
 - 10.5.3 Community response activities
 - 10.5.4 Transportation program updates
 - 10.5.5 Outreach and provider list dissemination metrics
- 10.6 Participate in onsite or virtual site visits with ADHS staff as needed.
- 10.7 Attend quarterly contractor meetings with ADHS to share updates and discuss implementation.
- 10.8 Engage in statewide media and marketing campaigns that align with harm reduction and community awareness goals.
- 10.9 Participate in the ADHS Linkages to Care workgroup and contribute local insights and data.
- 10.10 Attend relevant trainings, professional development sessions, or statewide meetings hosted by ADHS or its contractors.

CDC Overdose Data to Action (OD2A) Grant Deliverables Timeline (September 1 - August 31)

DELIVERABLE TITLE	DUE DATE
1st Quarter Survey Completion and CER (September – November)	December 31
2nd Quarter Survey Completion and CER (December – February)	March 31
3rd Quarter Survey Completion and CER (March – May)	June 30
4th Quarter Survey Completion and CER (June – August)	September 30

	INTERGOVERNMENTAL AGREEMENT (IGA) Amendment		ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF PROCUREMENT 150 N. 18th Ave., Suite 530 Phoenix, Arizona 85007
	Contract No.: CTR070113	IGA Amendment No: Five (5)	Procurement Officer: Elizabeth Syms

11. NOTICES, CORRESPONDENCE, AND REPORTS

11.1. Notices, correspondence and reports from the Contractor to ADHS shall be sent to:

Arizona Department of Health Services
Dr. Autumn White
Opioid Program Administrator
150 N 18th Avenue, Suite 310-B
Phoenix, AZ 85007-3242
Email: autumn.white@azdhs.gov

11.2. Contractor Expenditure Reports (CERs) and documentation from Contractor to ADHS shall be sent to:

Arizona Department of Health Services
Dr. Autumn White
Opioid Program Administrator
150 N 18th Avenue, Suite 310-B
Phoenix, AZ 85007-3242
Email: autumn.white@azdhs.gov

11.3. Notices, correspondence, and reports from ADHS to the Contractor shall be sent to:

Cochise County Health & Social Services
Barbara Lang
Health Director
1415 Melody Ln, Bldg. A
Bisbee, Arizona, 85603
Phone: 520-432-9400
Email: blang@cochise.az.gov

	INTERGOVERNMENTAL AGREEMENT (IGA) Amendment		ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF PROCUREMENT 150 N. 18 th Ave., Suite 530 Phoenix, Arizona 85007
	Contract No.: CTR070113	IGA Amendment No: Five (5)	Procurement Officer: Elizabeth Syms

REVISED PRICE SHEET

Budget Period September 1st, 2026 – August 31st, 2027

COST REIMBURSEMENT Annual Price Sheet	
ACCOUNT CLASSIFICATION	LINE-ITEM TOTALS
Personnel Services*	\$54,000.00
Employee Related Expenses*	\$17,820.00
Professional and Outside Services	\$0.00
Travel*	\$930.00
Occupancy	\$0.00
Other Operating*	\$1,925.00
Capital Outlay	\$0.00
*Indirect Rate and Costs (12%)	\$8,961.00
TOTAL ANNUAL (NOT TO EXCEED):	\$83,636.00
*Indicated indirect rate calculation **The Contractor is authorized to transfer up to a maximum of ten percent (10%) of the total budget amount between line items with the written approval from an ADHS Program Manager. Transfers exceeding ten percent (10%) or to a non-funded line item shall require an Agreement Amendment.	

	INTERGOVERNMENTAL AGREEMENT (IGA) Amendment		ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF PROCUREMENT 150 N. 18th Ave., Suite 530 Phoenix, Arizona 85007 Procurement Officer: Elizabeth Syms
	Contract No.: CTR070113	IGA Amendment No: Five (5)	

EXHIBIT ONE (1) – 2CFR 200.332

[eCFR eExhibit -§ 200.332](#)

Prime Awardee: Arizona Department of Health Services
UEI# 804745420

Procurement Checks:

Per § 180.300 the awarding agency must check that each subrecipient is not excluded or disqualified. These checks can be performed in SAM.Gov. ADHS Procurement does these checks and uploads the results into APP or Euna Solutions (eCivis).

[§ 180.300](#)

Subrecipient name (which must match the name associated with its unique entity identifier):

Cochise County Health and Social Services

Subrecipient's unique entity identifier (UEI #):

LNCRRL2K1DA9

Federal Award Identification Number (FAIN, sometimes it's the same as the Grant Number):

NU17CE010227

Federal Award Date

08/23/2023

Sub-recipient/Subaward Period of Performance Start and End Date;

09/01/2023-08/31/2028

Sub-recipient/Subaward Budget Period Start and End Date:

09/01/2026-08/31/2027

Amount of Federal Funds Obligated in the subaward:

\$83,636.00

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):

\$3,163,174.00

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

Overdose Data to Action in States

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 Center for Disease Control and Prevention

	INTERGOVERNMENTAL AGREEMENT (IGA)		ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF PROCUREMENT
	Amendment		150 N. 18 th Ave., Suite 530 Phoenix, Arizona 85007
	Contract No.: CTR070113	IGA Amendment No: Five (5)	Procurement Officer: Elizabeth Syms

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: (complete an additional form if more than one federal funding source is being used to pay for the services).

93.136

Identification of whether the award is R&D

No

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

12%
