	INTERGOVERNMENTAL AGREEMENT (IGA) **Amendment**	**ARIZONA DEPARTMENT OF HEALTH SERVICES** **OFFICE OF PROCUREMENT** 150 N. 18th Ave., Suite 530 Phoenix, Arizona 85007
	Contract No.: **CTR060581** — IGA Amendment No: 1	Procurement Officer: **Kailee Gray**

IMMUNIZATION SERVICES

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

1. Pursuant to Terms and Conditions, Provision Six (6) Contract Changes, subsection 6.1 Amendments, the Contract is hereby revised with the following:

   1.1. The Price Sheet is revised and replaced to add an activity for yearly Vaccine-Preventable Disease (VPD) outbreak activities, and to add the budget period.

   1.2. Exhibit Three (3) is revised and replaced for budget period 07/01/2025 – 06/30/2026.

   1.3. Exhibit Four (4) has been added due to additional funding source being used to fund this Agreement.

ALL CHANGES ARE REFLECTED IN RED

All other provisions of this agreement remain unchanged.

Gila County Health Department
Contractor Name

1400 East Ash Street
Address

Globe	**AZ**	**85501**
City	State	Zip

Authorized Signature

Stephen Christensen
Print Name

Chairman, Board of Supervisors 4/21/26
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 04/21/26
Date

Macie Hamblen
Gila County Attorney's Office
Print Name

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 14th day of May 2026.

Procurement Officer

Contract No.: **CTR060581**, 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.

Alice Perepech
Digitally signed by Alice Perepech
DN: cn=Alice Perepech, o=Arizona Attorney General's Office, email=Alice.Perepech@azag.gov, c=US
Date: 2026.05.12 14:47:57 -07'00'
Signature

Assistant Attorney General
Print Name

Kailee Gray
Digitally signed by Kailee Gray
Date: 2026.05.14 11:58:01 -07'00'

Price Sheet
Gila County
Budget Period: July 1, 2025 – June 30, 2026

Activity	Frequency	Unit Rate	Unit of Measure	Total
Total Personnel/ERE; Salary/Fringe – May claim only salary and fringe benefits for immunization program staff/other staff who work to meet contract requirements	Yearly	N/A	Total	Up to $50,000.00
Immunization Visit for children zero (0) to eighteen (18) years of age who meet VFC eligibility requirements. Do not include visits for insured children.	Quarterly	$50.00	Per Visit	As approved by ADHS and authorized by purchase order
Immunization Visit for adults nineteen (19) years of age and older who meet VFA eligibility requirements. Do not include visits for insured adults	Quarterly, when specific VFA funds are available	$50.00	Per Visit	
Immunization Completion report for children zero (0) to twenty-four (24) months of age for the 4:3:1:3:3:1:4 series	Quarterly	$100.00	Per Series Completion	
Perinatal Hepatitis B Case Management – Prenatal	Quarterly	$300.00	Per Case	
Perinatal Hepatitis B Case Management – Postnatal	Quarterly	$200.00	Per Case	
Immunization Visit for Flu Vaccine, in children and adults who meet VFC and VFA eligibility requirements. Do not include visits for insured children or adults.	When specific pan flu vaccine funds are available	$50.00	Per Visit	
IDR Submission – Preparation and Submittal of School/Child Care IDR by CHD nurse or in cooperation with school/child care personnel	Optional	$250.00	Each/per grade level IDR	
IDR Validation – On-site visit to schools/child care facilities to validate IDR submission data	Optional	$50.00	Each/per grade level validation	
VPD outbreak activities- Response to a VPD outbreak or other public health emergency. To include Total Personnel/ERE; Salary/Fringe and other expenses.	Yearly	N/A	Total	As approved by ADHS and authorized by purchase order

*Prices may be reviewed and adjusted annually over the term of the contract.

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Exhibit Three (3) - 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**
UEI #	**QMWUG1AMYF65**
Federal Award Identification (Grant Number):	**5 NH23IP922599-03-00**
Subrecipient name (which must match the name associated with its unique entity identifier):	**Gila County**
Subrecipient's unique entity identifier (UEI #):	**C8EK KJK67XB1**
Federal Award Identification Number (FAIN, sometimes it's the same as the Grant Number):	**NH23IP922689**
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;	**07/01/2025**
Subaward Period of Performance Start and End Date;	**07/01/2025 – 06/30/2026**
Subaward Budget Period Start and End Date:	**07/01/2025 – 06/30/2026**
Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient (this is normally the **contract amount**):	**$9 5045.00**
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):**	**$3,170,135.00**
Total Amount of the Federal Award committed to the subrecipient by the pass-through entity	**$3,170,135.00**

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Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)	**CDC-RFA-IP19-1901 Immunizations vaccines for children**
Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity	**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:	**93.268 Immunization Cooperative Agreement**
Identification of whether the award is R&D	**No**
Indirect cost rate for the Federal award (including if the de minimis rate is charged) per § 200.414	**N/A**

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Exhibit Four (4) - 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**
UEI #	**QMWUG1AMYF65**
Federal Award Identification (Grant Number):	**5 NH23IP922599-03-00**
Subrecipient name (which must match the name associated with its unique entity identifier):	**Gila County**
Subrecipient's unique entity identifier (UEI #):	**C8EKKJK67XB1**
Federal Award Identification Number (FAIN, sometimes it's the same as the Grant Number):	**NH23IP922689**
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;	**07/01/2025**
Subaward Period of Performance Start and End Date;	**07/01/2025 – 06/30/2026**
Subaward Budget Period Start and End Date:	**07/01/2025 – 06/30/2026**
Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient (this is normally the **contract amount**):	**As approved by ADHS and authorized by purchase order**
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)**:	**As approved by ADHS and authorized by purchase order**
Total Amount of the Federal Award committed to the subrecipient by the pass-through entity	**As approved by ADHS and authorized by purchase order**

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Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)	**CDC-RFA-IP19-1901 Outbreak activities funding**
Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity	**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:	**93.268 Immunization Cooperative Agreement**
Identification of whether the award is R&D	**No**
Indirect cost rate for the Federal award (including if the de minimis rate is charged) per § 200.414	**N/A**