	INTERGOVERNMENTAL AGREEMENT (IGA) **Amendment**	**ARIZONA DEPARTMENT OF HEALTH SERVICES** **OFFICE OF PROCUREMENT** 150 N. 18th Ave., Suite 530 Phoenix, Arizona 85007
	Contract No.: CTR055218 | IGA Amendment No: 4	Procurement Officer: Hana Hehman

PUBLIC HEALTH EMERGENCY PREPAREDNESS PROGRAM

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 Scope of Work is revised and replaced.

1.2. The Price Sheet is revised and replaced.

1.3. Exhibit A is revised and replaced.

ALL CHANGES ARE REFLECTED IN RED

All other provisions of this agreement remain unchanged.

Pinal County

Contractor Name:	County Authorized Signature
971 North Jason Lopez Circle, Bldg D.	
Address:	Print Name
Florence AZ 85132	
City State Zip	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	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
Signature Date	Signed this _____ day of _____ 2024.
Print Name	Procurement Officer
Contract No.: **CTR055218**, 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	

SCOPE OF WORK

1. BACKGROUND

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

The Arizona Department of Health Services (ADHS), through the Bureau of Operational Readiness and Response (BORR), has established partnerships 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 CDC of the U.S. Department of Health and Human Services (HHS).

1.2 Workforce Development Grant

ADHS is tasked with overseeing the 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 CDC and 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 public health preparedness system through the CDC Public Health Preparedness Cooperative Agreement with the ADHS.

2.2 Workforce Development Grant (if applicable)

2.2.1 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.

2.2.2 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 will be completed over a two (2) year period and fall within the following four (4) main strategies:

2.2.2.1 Hiring of additional public health staff to sustain ongoing COVID-19 response and recovery initiatives.

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

2.2.2.2.1 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.

2.2.2.2.2 Disease investigation staff, including epidemiologists; case investigators; contact tracers; or disease intervention specialists.

2.2.2.2.3 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.

2.2.2.2.4 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 finding streams for the COVID-19 response, and

2.2.2.2.5 Any other positions that may be required to prevent, prepare for, and respond to COVID-19.

2.2.2.3 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).

2.2.3 Augment the public health workforce pipeline to improve the ability to sustain COVID-19 recovery initiatives and prepare for future responses.

2.2.4 Develop or enhance training programs for new and/or existing public health staff supporting COVID-19 preparedness, response, and recovery efforts, and

2.2.5 Retain existing public health staff through various initiatives to ensure continued COVID- 19 preparedness, response, and recovery efforts.

3. TASKS

3.1 CDC and PHEP Grant: The Subrecipient shall:

3.1.1 Appoint a PHEP Coordinator, or other staff member, responsible for overseeing all grant related activities, budgets, and reports.

3.1.2 Participate in Public Health Preparedness Regional Healthcare Coalition meetings and conference calls held in Subrecipient's regional communities as appropriate.

3.1.3 Establish and maintain a collaborative working relationship with emergency management. This includes, but is not limited to; emergency communication planning, strategies for addressing emergency events, the management of the consequences of power failures, natural disasters and other events that would affect public health.

3.1.4 Complete the Capacity Indicators template.

3.1.5 Have or have access to a secure alerting system that at a minimum has the ability to send email, and phone/ text alerts.

3.1.6 Attend and participate in the ADHS Integrated Preparedness Planning Workshop (IPPW).

3.1.7 Attend the annual ADHS BORR subrecipient preparedness conference.

3.1.8 After Action Reports: Subrecipients shall provide After Action Reports for exercises and real-world events as requested by ADHS.

3.1.9 Improvement action plans: Subrecipients shall provide Improvement Plans as requested by ADHS.

3.1.10 Risk Assessment: City Readiness Initiative (CRI) jurisdictions shall complete an individual or joint risk assessment that addresses the needs of the whole jurisdiction once every five (5) years.

3.1.11 Participate in the Healthcare Coalition led Hazard Vulnerability Analysis (HVA) for their respective region.

3.1.12 Medical Countermeasure capacity and capability: Subrecipients shall ensure the jurisdiction has the capability to receive medical countermeasures and medical materiel and the ability to distribute throughout the jurisdiction.

3.1.13 Crisis Emergency Risk Communication Plan

3.1.13.1 County Jurisdictions: Shall develop or update a Crisis Emergency Risk Communication plan to ensure prioritized populations are represented to include cultural, linguistic, language, and accessibility elements.

3.1.13.2 Tribal Jurisdictions: Shall develop or update a Crisis Emergency Risk Communication plan to ensure prioritized populations are represented to include cultural, linguistic, language, and accessibility elements. In lieu of a Crisis Emergency Risk Communication plan, tribal jurisdictions may provide evidence as to how this function is accomplished.

3.2 Medical Electronic Disease Surveillance and Intelligence System (MEDSIS): The Subrecipient shall:

3.2.1 Participate in ADHS-coordinated workgroups for MEDSIS enhancements to include Tribal communities (if applicable) and Electronic Laboratory Reporting (ELR) capabilities.

3.2.2 Participate in epidemiology specific trainings, workshops, or conferences provided by ADHS or an ADHS recognized training session (if applicable).

3.3 Public Health Emergency Exercises

The Subrecipient shall:

3.3.1 Participate in required ADHS led statewide/regional public health exercises and drills. ADHS will determine the schedule and topic areas per each of these events.

3.3.2 Exercise Planning and Conduct

3.3.2.1 Local jurisdictions are encouraged to conduct preparedness exercises in accordance with Homeland Security Exercise and Evaluation Program (HSEEP) fundamentals including:

3.3.2.1.1 Exercise design and development.

3.3.2.1.2 Exercise conduct.

3.3.2.1.3 Exercise evaluation.

3.3.2.1.4 Improvement planning.

3.3.2.1.5 More information and templates are available at: https://www.azdhs.gov/preparedness/emergency-preparedness/index.php#training-exercise-resources

4. FINANCIAL REQUIREMENTS

4.1 For CDC and PHEP Grant

4.1.1 The Subrecipient shall participate in match requirement:

4.1.1.1 The PHEP award requires a ten percent (10%) “in-kind” or “soft” match from all Subrecipients. Each Subrecipient shall 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 Subrecipient agrees that, with respect to the amount of the cooperative agreement allocated by ADHS, the Subrecipient 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.

4.1.1.2 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 budget each budget period, include calculations for both financial assistance and direct assistance, follow procedures for generally accepted accounting practices, and meet audit requirements.

4.1.2 Direct Costs

Using the ADHS budget tool show the direct costs by listing the totals of each category based on your federally approved indirect cost rate agreement, including salaries and wages, fringe benefits, consultant costs, equipment, supplies, travel, other, and contractual costs.

4.1.3 Indirect Costs

To claim indirect costs up to the state's approved rate, the Subrecipient shall 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 current ADHS Preparedness Division rate. If the Subrecipient does not have an approved federal indirect cost rate agreement then a default indirect percentage of ten percent (10%) may be used.

4.1.4 Inventory

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

4.1.5 Budget Allocation and Work Plan

4.1.5.1 The Subrecipient shall complete the budget tool provided by ADHS https://grantsmgmt.azdhs.gov/grantsmanagement, and must be submitted to ADHS for review and approval no later than June 1st prior to the beginning of the new budget period. Funding may not be released until the budget has been approved by ADHS.

4.1.5.2 Submit a completed work plan due no later than June 1st. The workplan template shall be used and is found in AZ-PIRE, https://sites.google.com/azdhs.gov/az-pire.

4.1.6 Adhere to 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/15mO7JShrS9VFfqaCXhlmhthqsv74yM9M/view, and

4.1.7 Use the most recent Contractor Expense Report (CER) templates that are provided by ADHS to prepare accurate monthly CERs. A CER Summary Sheet, provided by ADHS BORR, must be included with each CER submitted. CERs are due by the last day of each month following the reported month of the CER. For example, a CER with a reporting period of March 1st-31st is due by April 30th. Subrecipients shall retain, and produce when requested within ten (10) business days, documentation that supports allowable expenses included on each CER. Documentation may include; receipts, other forms of proof of payment, personnel payroll reports, etc. Failure to submit a complete and accurate Summary Sheet and CER within the specified timeframe may result in a delay in the processing of the request for reimbursement, the reimbursement payment, and/or affect future funding allocations. All CERs and supporting documents shall be uploaded in the Grants Management Tool, under the appropriate Grant Reference Name.

4.1.7.1 Employee certifications: PHEP local jurisdictions are required to adhere to all applicable federal laws and regulations, including applicable OMB circulars and semiannual certification of employees who work solely on a single federal award. These certification forms shall be prepared at least semiannually and signed by the employee or a supervisory official having firsthand knowledge of the work performed by the employee. Employees whose salaries are split funded are required to maintain Labor Activity Reports (as requested by ADHS). These certification forms shall be retained by the subrecipient in accordance with 45 Code of Federal Regulation, Part 92.42.

4.1.8 Expanded Authority: ADHS is permitted the following expanded authority in the administration of the award. Carryover of unobligated balances from one (1) budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved.

4.1.9 No Cost Extensions: based on approval from the CDC, project period end dates may be extended to allow completion of previously approved activities and/or expenditures.

4.1.9.1 2023-2024 Budget Period Five (5) PHEP funds may be applied to approved Subrecipient expenses incurred up to and including June 30, 2025.

4.1.9.2 Upon expanded authority approval from the CDC, Budget Period One (1) through Four (4) may be extended each year to include one additional consecutive fiscal year.

4.1.9.3 Workforce Development funds, if applicable, may be applied to approved Subrecipient expenses incurred up to and including June 30, 2025.

4.2 For Workforce Development Grant (if applicable)

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 6.2.

4.2.1 Match

4.2.1.1 No match is required for these funds.

4.2.2 Inventory

4.2.2.1 When requested by ADHS, Subrecipient shall provide a complete annual inventory report to include all capital equipment above the five-thousand ($5,000) threshold.

4.2.3 Budget Allocation and Work Plan

4.2.3.1 Annual budgets and work plans will be reviewed and approved by ADHS before funding is released.

5. FUNDING RESTRICTIONS

5.1 Funding restrictions that will be considered for workplan and budget development:

5.1.1 May not use funds for research.

5.1.2 May not use funds for clinical care except as allowed by law.

5.1.3 May not use funds for construction or major renovations.

5.1.4 May use funds only for reasonable program purposes, including personnel, travel, supplies, and services.

5.1.5 Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.

5.1.6 Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to ADHS on behalf of the sub-recipient.

5.1.7 Other than for normal and recognized executive-legislative relationships, no funds may be used for:

5.1.7.1 Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body.

5.1.7.2 The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.

5.1.7.3 See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.

5.1.7.4 The direct and primary sub-recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

5.2 General Restrictions

5.2.1 May supplement but not supplant existing state or federal funds for activities described in the budget.

5.2.2 May, with prior approval, use funds for overtime for individuals directly associated (listed in personnel costs) with the award.

5.2.3 May, with prior approval, purchase caches of antibiotics for use by public health responders and their households to ensure the health and safety of the public health workforce during an emergency response, or an exercise to test response plans.

5.2.4 Funds may not be used to supplant other funding intended to achieve this objective.

5.2.5 Payment or reimbursement of backfilling costs for staff is not allowed.

5.2.6 None of the funds awarded to these programs may be used to pay the salary of an individual at a rate in excess of Federal Executive Schedule Level II.

5.2.7 Funds may not be used to purchase or support (feed) animals for labs, including mice, and

5.2.8 Funds may not be used to purchase a house or other living quarters for those under quarantine. Rental may be allowed with approval from ADHS BORR and the CDC Office of Grant Services (OGS).

5.2.9 Meals, lodging, and mileage may only be reimbursed at the state rate in accordance with the State of Arizona Accounting Manual (SAAM). Refer to SAAM Topic 50, Section 95.

5.3 Lobbying

5.3.1 Other than for normal and recognized executive-legislative relationships, PHEP funds may not be used for:

5.3.1.1 Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body.

5.3.1.2 The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.

5.3.1.3 See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients (http://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf).

5.4 Passenger Road Vehicles

5.4.1 Funds cannot be used to purchase over-the road passenger vehicles.

5.4.2 Funds cannot be used to purchase vehicles to be used as means of transportation for carrying people or goods, such as passenger cars or trucks and electrical or gas-driven motorized carts.

5.4.3 Can (with prior approval) use funds to lease vehicles to be used as means of transportation for carrying people or goods, e.g., passenger cars or trucks and electrical or gas- driven motorized carts during times of need.

5.4.4 Additionally, PHEP grant funds can (with prior approval) be used to make transportation agreements with commercial carriers for movement of materials, supplies and equipment. There shall be a written process for initiating transportation agreements (e.g., contracts, memoranda of understanding, formal written agreements, and/or other letters of agreement). Transportation agreements shall include, at a minimum:

5.4.4.1 Type of vendor.

5.4.4.2 Number and type of vehicles, including vehicle load capacity and configuration.

5.4.4.3 Number and type of drivers, including certification of drivers.

5.4.4.4 Number and type of support personnel.

5.4.4.5 Vendor's response time.

5.4.4.6 Vendor's ability to maintain cold chain, if necessary to the incident.

5.4.4.6.1 This relationship may be demonstrated by a signed transportation agreement or documentation of transportation planning meeting with the designated vendor. All documentation shall be vaccinated with vaccine purchased from the appropriate funding source.

5.4.5 Unallowable – funds may not be used:

5.4.5.1 To purchase vaccines for seasonal influenza mass vaccination clinics or other routine vaccinations covered by CDC/ACIP schedules.

5.4.5.2 To purchase influenza vaccines for the public.

5.4.5.3 For clinical care except as allowed by law:

5.4.5.3.1 Clinical care is defined as "directly managing the medical care and treatment of individual patients."

6. GRANT ACTIVITY OVERSIGHT FOR WORKFORCE DEVELOPMENT GRANT (if applicable)

6.1 ADHS will 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 Subrecipient could be subject to a potential reduction in funds, or loss of funds for the following year.

6.2 Expenditure that are not on an approved budget or approved redirection may not be eligible for reimbursement from ADHS, and

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

7. DELIVERABLES

7.1 PHEP Grant

7.1.1 Provide to ADHS the primary and secondary critical contact information for its public health incident command team, when requested by ADHS, as part of the annual critical contact drill:

7.1.1.1 Critical contact information:

7.1.1.1.1 Subrecipients PHEP Program point of contact.

7.1.1.1.2 Health Emergency Operations Center point of contact.

7.1.1.1.3 Emergency Management Operations Center point of contact.

7.1.1.1.4 Public information Officer point of contact.

7.1.1.1.5 24-7 public health emergency contact number.

7.1.2 Upon activation of the Subrecipient's Health Emergency Operations Center, the Subrecipient shall provide the primary and secondary contact information for its public health incident command team.

7.1.3 Submit a completed Capacity Indicators template by January 31st. The template will be provided by ADHS.

7.1.4 Submit by June 1st an annual spending plan using the budget tool supplied by ADHS for the completion of the work plan to meet selected deliverables,

7.1.4.1 Upon receipt and approval of the subrecipient's annual budget, ADHS will disburse up to fifteen percent (15%) of the subrecipient's total annual grant allocation. Expenditures made using these funds must be reported on an ADHS BORR provided summary sheet for ADHS review to ensure appropriate application to the grant. The total amount of funds allocated and available to the Subrecipient is shown on the Annual Price Sheet.

7.1.4.2 Upon receipt and approval of the subrecipient's annual work plan, ADHS will disburse up to fifteen percent (15%) of the subrecipient's total annual grant allocation. Expenditures made using these funds must be reported on an ADHS BORR provided summary sheet for ADHS review to ensure appropriate application to the grant. The total amount of funds allocated and available to the Subrecipient is shown on the Annual Price Sheet.

7.1.4.3 Upon receipt and approval of the subrecipient's Mid-Year Progress Update, ADHS will disburse up to fifteen percent (15%) of the sub-recipient's total annual grant allocation. Expenditures made using these funds must be reported on an AHDS BORR provided summary sheet for ADHS review to ensure appropriate application to the grant. The total amount of funds allocated and available to the Subrecipient is shown on the Annual Price Sheet.

7.1.5 Submit quarterly reporting, utilizing the templates provided, to the ADHS PHEP Grant Coordinator; the reports shall include progress toward the completion of identified work plan activities and outcomes for the budget period. The quarterly reports shall be due on the following dates.

7.1.5.1 Quarter One (1) due no later than October 31st.

7.1.5.2 Quarter Two (2) (Mid-Year Progress Update) due no later than January 31st.

7.1.5.3 Quarter Three (3) due no later than April 30th.

7.1.6 Submit an End of Year Report (including Quarter Four (4) and impact statement), utilizing the templates provided, to the ADHS PHEP Grant Coordinator; the report shall include a narrative that describes the final progress toward the completion of the planned activities and outcomes. Challenges and barriers that prevent the completion of the activities are also required. The End of Year report is due no later than July 31st following the end of the budget period.

7.1.7 After Action Reports: Subrecipients shall provide After Action Reports for exercises and real-world events. After Action Reports shall be completed in accordance with the Federal Emergency Management Agency (FEMA) HSEEP standards. Reports shall be submitted to Partner.Integration@azdhs.gov.

7.1.8 Improvement action plans: Subrecipients shall provide Improvement Plans shall be completed in accordance with FEMA HSEEP standards. Reports shall be submitted to Partner.Integration@azdhs.gov.

7.1.9 Risk Assessment: CRI jurisdictions shall provide an individual or joint risk assessment that addresses the needs of the whole jurisdiction once every five (5) years. The risk assessment shall include considerations for people who are disproportionately affected by public health emergencies.

7.1.10 Provide a current copy of the Subrecipient's Crisis Emergency Risk Communication plan, if any, that ensures prioritized populations are represented, and

7.1.11 Provide a copy of the current federally approved indirect cost rate agreement. If the subrecipient does not have a federally approved indirect cost rate agreement, then provide in writing a statement explaining how they intend to calculate indirect costs. Indirect cost rate agreements shall be submitted to PHEPCHP@azdhs.gov.

7.1.12 Submit a completed work plan due no later than June 1st. The workplan template shall be used and is found in AZ-PIRE, https://sites.google.com/azdhs.gov/az-pire.

7.2 Workforce Development Grant (if applicable)

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.

7.2.1 Progress report – submit status update on meeting hiring goals and diversity, equity and inclusion (DEI) metrics. Progress reports are due every six (6) months.

7.2.1.1 The period July 1, 2024 – November 30, 2024 is due December 31, 2024.

7.2.1.2 The period December 1, 2024 – May 31, 2025 is due June 30, 2025.

7.2.2 End-of-Program Report (dates covered: July 1, 2021-June 30, 2025)- 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 – August 25, 2025.

7.2.3 The Subrecipient shall prepare monthly CERs using the program provided template 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 finding in subsequent years.

8. NOTICES, CORRESPONDENCE, REPORTS, INVOICES/CERs AND PAYMENT

8.1 Notices, Correspondence and Reports from the Subrecipient to ADHS shall be sent to:

Arizona Department of Health Services
Bureau of Operational Readiness and Response
150 North 18th Avenue, Suite 150
Phoenix, Arizona 85007

8.1.1 ADHS Grants Management Tool: https://grantsmgmt.azdhs.gov/grantsmanagement

8.1.2 The PHEP grant email address is: phepchp@azdhs.gov

8.1.3 The Workforce Development Grant email address is: wfdgrant@azdhs.gov

8.2 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 Subrecipient 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/publications/forms.

8.2.1 ACH Vendor Authorization Form shall be emailed to Vendor.Payautomation@azdoa.gov

8.3 Notices, Correspondence and Payments from the ADHS to the Subrecipient shall be sent to:

Pinal County
Attn: Kore Redden
971 North Jason Lopez Circle, Bldg D.
Florence, AZ 85132
Phone: (520) 866-7331
Email: kore.redden@pinalcountyaz.gov

PRICE SHEET

PHEP GRANT

Cost Reimbursement

Description	Amount
Funds to enhance current PHEP activities per the deliverables in the attached ADHS PHEP Grant Deliverables document and upon ADHS approval of monthly Contractor Expenditure Reports (CER's).	$357,162.00
Funds to enhance current PHEP activities (which includes CRI jurisdictional requirements) per the deliverables in the attached ADHS PHEP Grant Deliverables document and upon ADHS approval of the monthly Contract Expenditure Reports (CERs).	$151,975.00
TOTAL ANNUAL AMOUNT NOT TO EXCEED	**$509,137.00**

WORKFORCE DEVELOPMENT GRANT
July 1, 2020 through June 30, 2025

Cost Reimbursement

Description	Amount
Funds pertaining to the Workforce Development Grant Scope of Work and upon ADHS approval of quarterly Contractor Expenditure Reports (CERs).	$853,937.00

Exhibit A - 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):	NU90TP922004
Subrecipient name (which must match the name associated with its unique entity identifier):	Pinal County
Subrecipient's unique entity identifier (DUNS #):	GX4FM9VQD7W3
Federal Award Identification Number (FAIN, sometimes it's the same as the Grant Number):	NU90TP922004
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;	TBD
Subaward Period of Performance Start and End Date;	7/01/2024-6/30/2029
Subaward Budget Period Start and End Date:	7/01/2024-6/30/2029
Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient (this is normally the contract amount):	$357,162.00
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):	$6,608,834.00
Total Amount of the Federal Award committed to the subrecipient by the pass-through entity	$13,007,079.00
Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)	Public Health Emergency Preparedness
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:	93.069
Identification of whether the award is R&D	◯ Yes ◯ No
Indirect cost rate for the Federal award (including the de minimis rate is charged) per § 200.414	

	INTERGOVERNMENTAL AGREEMENT (IGA) **Amendment**	**ARIZONA DEPARTMENT OF HEALTH SERVICES** **OFFICE OF PROCUREMENT** 150 N. 18th Ave., Suite 530 Phoenix, Arizona 85007
	Contract No.: CTR055218 / IGA Amendment No: 4	Procurement Officer: Hana Hehman

Exhibit A Continued- 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):	NU90TP922004
Subrecipient name (which must match the name associated with its unique entity identifier):	Pinal County CRI
Subrecipient's unique entity identifier (DUNS #):	GX4FM9VQD7W3
Federal Award Identification Number (FAIN, sometimes it's the same as the Grant Number):	NU90TP922004
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;	TBD
Subaward Period of Performance Start and End Date;	7/01/2024-6/30/2029
Subaward Budget Period Start and End Date:	7/01/2024-6/30/2029
Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient (this is normally the contract amount):	$151,975.00
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):	$6,608,834.00
Total Amount of the Federal Award committed to the subrecipient by the pass-through entity	$13,007,079.00
Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)	Public Health Emergency Preparedness
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:	93.069
Identification of whether the award is R&D	◯ Yes ◯ No
Indirect cost rate for the Federal award (including the de minimis rate is charged) per § 200.414	