

NAVAJO COUNTY AGENDA ITEM REQUEST FORM

Meeting Date: February 24, 2015	Time Needed: CONSENT
Requesting Department: Health	Presenter(s) Name: Mary Herring, Director
Motion before the Board: Approve Amendment #1 of Contract #ADHS14-071223 with the Arizona Department of Health Services for the Sexual Transmitted Disease (STD) Program for January 1, 2014 to December 31, 2019 in the amount of \$9,375.00.	
Recommendation: (who, what, where, when, how, etc.) Approve	
Background: (why should it be done, what will happen if not approved, etc. include resolution) These funds allow Navajo County Public Health Services District to provide STD services to County residents. Without these funds Navajo County Public Health Services District's ability to provide these services would be greatly reduced.	
Fiscal Impact: (what will it cost, where funds will come from, is it budgeted, etc.) No Match Required	
Reviewed and approved by: County Manager _____ County Attorney _____ Human Resources _____ Finance _____ IT _____	
Board Action Taken: Approved <input type="checkbox"/> Denied <input type="checkbox"/> No Action <input type="checkbox"/> Continued <input type="checkbox"/> Continued to: Approved with changes as follows <input type="checkbox"/>	
Clerk's Notes: Date: _____ Initial: _____	

REMINDER: Email this coversheet and all backup documentation to **BOS.Clerk** by **4:00 p.m. the Thursday prior to the Managers' meeting. Please be present at the Agenda Meeting to ensure placement on the agenda.**



INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT

ARIZONA DEPARTMENT OF HEALTH SERVICES
1740 West Adams, Room 303
Phoenix, Arizona 85007
(602) 542-1040
(602) 542-1741 FAX
Procurement Officer:
Delilah Gonzalez

Contract No.: **ADHS14-071223**

Amendment No.: **1**

(STD) SEXUALLY TRANSMITTED DISEASE 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**, Item 6.1, Amendments, Purchase Orders and Change Orders the Agreement termination date is hereby changed to December 31, 2018.
2. The Price Sheet of the original Agreement is hereby replaced with the revised Price Sheet of this Amendment (1). The total of the revised Price Sheet is increased from \$7,557.00 to \$9,375.00 due to the following line item changes:
 - 2.1 Supplies decreased by \$1,000.00, from \$1,500 to \$500.00 due to a decrease in general office supplies.
 - 2.2 Other Operating Expense increased by \$2,818.00 from \$5,557.00 to \$8,375.00 due to increase in education and testing/treatment services.

ALL OTHER PROVISIONS OF THIS AGREEMENT REMAIN UNCHANGED.

Contractor Name:

Authorized Signature

NAVAJO COUNTY PUBLIC HEALTH SERVICES DISTRICT

117 EAST BUFFALO STREET

Address:

Print Name

HOLBROOK

ARIZONA

86025

City

State

Zip

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.

State of Arizona

Signature

Date

Signed this _____ day of _____ 2015.

Print Name

Title

Procurement Officer

Attorney General Contract No.: **P0012014000078**, 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.

RESERVED FOR USE BY THE SECRETARY OF STATE

Under House Bill 2011, A.R.S. § 11-952 was amended to remove the requirement that Intergovernmental Agreements be filed with the Secretary of State.

Signature

Date

Assistant Attorney General

Print Name

Title



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REVISED PRICE SHEET

Effective January 1, 2015

ACCOUNT CLASSIFICATION	BUDGETED AMOUNT
Personnel	\$ 0.00
ERE	\$ 0.00
Supplies	\$500.00
Travel Expense	\$ 500.00
Occupancy Expense	\$ 0.00
Other Operating Expense	\$ 8,375.00
Capital Outlay Expense	\$ 0.00
Indirect (if authorized)	\$ 0.00
TOTAL	\$9,375.00

NOTE: With prior written approval from the Program manager, the Contractor is authorized to transfer up to a maximum of 10% of the total budget amount between line items. Transfers of funds are only allowed between funded line items. Transfers exceeding 10% or to a non-funded line item shall require an amendment.