

DEREK RAPIER
County Administrator
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BOARD OF SUPERVISORS
P.O. BOX 908
253 5TH STREET
CLIFTON, AZ 85533

DAVID GOMEZ
District 1

RON CAMPBELL
District 2

RICHARD LUNT
District 3

MEETING NOTICE and AGENDA

**Pursuant to Arizona Revised Statutes §38-431, et. seq.
and amendments thereto, the**

**GREENLEE COUNTY BOARD OF SUPERVISORS
also sitting as Board of Directors for
GREENLEE COUNTY PUBLIC HEALTH SERVICES DISTRICT
and**

**GREENLEE COUNTY FLOOD CONTROL DISTRICT
hereby gives notice that a**

Regular Meeting

will be held on Thursday, August 13, 2020 – 8:00 a.m.

**Zoom Video Conferencing. To join the meeting enter the following URL into your
browser:**

Join Zoom Meeting

<https://us02web.zoom.us/j/85853556057?pwd=b1dDd1NxeW11cTY3N2VtWXF1eHdZdz09>

**Meeting ID: 858 5355 6057
Passcode: 048679**

**The Board of Supervisors Meeting Room, 2nd floor Courthouse Annex, 253 5th
Street, Clifton, Arizona, will also be open to the public and a link to the video
conference will be provided at that location**

AGENDA

- 1.) Call to Order
 - A. Pledge of Allegiance
 - B. Call to the Public

- 2.) PUBLIC HEALTH SERVICES DISTRICT – the Board of Supervisors will convene as the Board of Directors of the Greenlee County Public Health Services District and will reconvene as the Board of Supervisors following consideration of these items:
 - A. Consent Agenda
 1. Clerk of the Board: Consideration of approval of Public Health Services District expense warrants in excess of \$1,000.00
 2. Health Manager: Consideration of approval for the Arizona Department of Health Services Intergovernmental Agreement (IGA) Amendment No. 1

Prop 201 Smoke Free Arizona Between Greenlee County Health Department

3. Health Manager: Consideration of approval of the Intergovernmental Agreement (IGA) Between Arizona Department of Health Services and Greenlee County Health Department for ADHS Contract
 4. Health Manager: Consideration of approval of the Intergovernmental Agreement (IGA) Between Arizona Department of Health Services and Greenlee County Health Department for ADHS Contract No. 2020-039 Title V Maternal and Child Health Healthy Arizona Families
- 3.) Tony Hines, Public Works Manager Facilities/Fleet
 - A. Discussion/Action to solicit bids for one (1) SUV vehicle for Emergency Management
 - B. Discussion/Action regarding permission to repair JD Tractor used for the Airport at Stotz Equipment
 - 4.) Bianca Figueroa, Elections Director
 - A. Discussion/Action regarding the 2020 Primary Election Canvass
 - 5.) Jeromy Vaughn, Lieutenant
 - A. Discussion/Action regarding approval to change a part time employee to a full time employee
 - 6.) Derek Rapier, County Administrator
 - A. Discussion/Action – Accept CARES Act Funding Award and approval of Terms and Conditions
 - 7.) Derek Rapier, County Administrator
 - A. Discussion/Action – Review of Greenlee County Mask Wearing Regulation to continue, end or modify the regulation
 - 8.) Derek Rapier, County Administrator
 - A. Discussion/Adoption of Fiscal Year 2020-2021 Tax Rates
 - 9.) Derek Rapier, County Administrator
 - A. County and State budget and legislative issues
 - B. Calendar and Events
 - 10.) Consent Agenda
 - A. Clerk of the Board: Consideration of approval of minutes to previous meetings: 7/29/2020
 - B. Clerk of the Board: Consideration of approval of expense warrants in excess of \$1,000.00 – Voucher 3046, 3047, 4003
 - C. Chief Finance Officer: Consideration of approval of General Fund loans in the

- amount of \$ \$13,787.32 to be reimbursed upon receipt of funds: Fund 130 - \$131.78; Fund 159 - \$59.48; Fund 167 - \$1,434.11; Fund 169 - \$290.85; Fund 186 - \$366.82; Fund 195 - \$2,840.19; Fund 243 - \$8,664.09
- D. Superior Court Judge: Consideration of approval of contracts for Provision of Indigent Representation 2020-2021 for attorneys, R. Alvarez, C. Clark, Daisy Flores, Rebecca Johnson, J. Lopez, D. McCarthy
 - E. Public Works Manager: Consideration of approval of Employee Transaction Form: G. Gasparich, Tech II

11.) Adjournment

All agenda items are for discussion and/or action as deemed necessary. The Board reserves the right to consider any matter out of order. The Board may retire into Executive Session for any of the purposes that are allowed by law, including but not limited to legal advice and/or personnel matters; as authorized by A.R.S. §38-431.et.seq. Persons with a disability may request accommodation for special assistance by contacting Bianca Figueroa at 928-865-2072 (TDD 928-865-2632). Requests should be made as soon as possible to allow time for arrangement of the accommodation.

**GREENLEE COUNTY BOARD OF SUPERVISORS
AGENDA INFORMATION FORM**



MEETING DATE: September 1, 2020 REQUESTED BY: Steve Rutherford
DEPARTMENT: Health TELEPHONE #: 928-865-2601

1. Insert brief description of proposal and requested Board action:

Consideration of Approval of the Intergovernmental Agreement (IGA) Between Arizona Department of Health Services and Greenlee County Health Department for ADHS Contact No. ADHS19-206550 WIC and BFPC Services.

2. Continued from meeting of: _____

Discussed in meeting of: _____

3. Publication requirements:

Does this require publication in the official county newspaper? Yes No
This department to cause publication Clerk of the Board to cause publication

4. Financial Impact:

Expenditure: Is this a budgeted expense? Yes No Project Code #: _____

Fund _____ \$ _____ Actual Not to exceed
Fund _____ \$ _____ Actual Not to exceed

If not budgeted, how will this expense be funded? _____

Grants/Contracts:

Federal State Other _____
CFDA # (Federal grants only) _____ 10.557 State # _____
Fund 222-054 \$ _____
Matching funds required? Yes No Fund _____ \$ _____

5. Legal Review: Does this item require County Attorney review and approval as to form and within powers granted under the laws of the State of Arizona to the Greenlee County Board of Supervisors?

Yes No

Date of County Attorney approval: 8-6-20

6. Board of Supervisors action taken:

Approved Amended Disapproved Tabled

Original backup documentation must accompany this form!

**County Attorney
Document Approval Request
Cover Page**

County Administrator approval	YES
Email & hard copy submitted to Attorney	Hard copy only
Document information/purpose	<u>WIC IGA</u>
Concerns/Issues	<u>None</u>
Is this a renewal of a previously approved document	YES
Are there changes to the renewal	NO
Describe changes and where they are located in the document	Click here to enter text.
Timeframe for document approval	Tuesday, September 01, 2020
Submitted by:	Steve Rutherford
Date submitted	8/5/2020

(Example wording for further information to the County Attorney)

This agreement is scheduled to be on the agenda for the September 1, 2020 Board meeting pending attorney approval.

Thank you.

Steve Rutherford



**INTERGOVERNMENTAL AGREEMENT (IGA)
Amendment**

**ARIZONA DEPARTMENT OF
HEALTH SERVICES**

150 18th Ave Suite 530
Phoenix, Arizona 85007

Contract No.: **ADHS19-206550**

IGA Amendment No: **2**

Procurement Officer
Kristine Newton

WIC and BFPC Services

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

1. Pursuant to Terms and Conditions, Page Seven (7), Provision Six (6), Contract Changes; the Intergovernmental Agreement is amended to revise the following:
 - 1.1 The Scope of Work is revised and replaced by the Scope of Work of this Amendment Two (2); and
 - 1.2 The Price Sheet is revised and replaced by the Price Sheet of this Amendment Two (2).

All other provisions of this agreement remain unchanged.

Contractor Name: **GREENLEE COUNTY**

Address: **253 FIFTH STREET**

CLIFTON

ARIZONA

85533

City

State

Zip

Authorized Signature

Steve Rutherford

Print Name

Director of Health

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 **8/6/2020**

Signed this _____ day of _____ 20__

Jeremy Ford Greenlee County Attorney

Print Name

Procurement Officer

Contract No.: **ADHS19-206550**, 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



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SCOPE OF WORK

1. BACKGROUND

The Arizona Department of Health Services (ADHS) Bureau of Nutrition and Physical Activity (BNPA) administers funds provided by the United States Department of Agriculture (USDA) for the operation of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and Breastfeeding Peer Counseling Program (BFPC) for the State of Arizona. The USDA nutrition programs are discretionary, and each provides a specific service to women, infants, and children who are low income and at nutrition risk. The overall goal of all the USDA Nutrition Programs is to improve the health status of eligible participants through adoption of healthy behavioral lifestyle changes and to help prevent the occurrence of health problems.

1.1. WIC Nutrition Services

1.1.1. The WIC Program accomplishes this goal by providing participant-centered services (PCS) including nutrition and breastfeeding information and support, specific supplemental healthy foods through the issuance of food benefits that can be used at ADHS-approved grocery stores and farmers' markets, and referrals to other health and human services as an adjunct to good health care during critical times of growth and development. Service population eligibility for the WIC Program is based upon federal regulations such as participant category (pregnant and breastfeeding woman, infant or child under five years of age), a household income at or below 185% of federal poverty guidelines, residence within the service area, and nutrition risks.

1.1.2. To be considered as a WIC Local Agency, the organization must be a local public or private non-profit organization, County health department, or tribal entity under contract with ADHS to provide WIC services according to the WIC Program federal regulations and state policies and procedures. The State awards a WIC Contract based on the ability of the organization to provide WIC services, potentially eligible population, need, response to the Scope of Work, information technology capacity, and available funds. The State determines and awards the WIC contract amount based on a funding formula using several factors such as a base level for a program to function, the amount of caseload negotiated with each Local Agency, and quality of performance.

1.1.1.1 Specific objectives for nutrition services (based on Healthy People 2020 goals) are:

- 1.1.1.1.1 To increase the incidence of breastfeeding to eighty-two percent (82%) of women initiating breastfeeding;
- 1.1.1.1.2 To increase the duration of breastfeeding to sixty-one percent (61%) of women breastfeeding for the first six (6) months of their baby's life;
- 1.1.1.1.3 To increase the duration of breastfeeding to thirty-four percent (34%) of women breastfeeding for the first year of their baby's life;
- 1.1.1.1.4 To increase the rate infants are exclusively breastfed to forty-four percent (44%) at three (3) months and twenty-four percent (24%) at six months;
- 1.1.1.1.5 To reduce the proportion of adults who are considered obese to thirty-one percent (31%);
- 1.1.1.1.6 To reduce the proportion of children ages two (2) to five (5) who are considered obese to ten percent (10%);
- 1.1.1.1.7 To increase the consumption and variety of fruits and vegetables by those two (2) and older;



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1.1.1.1.8 To increase the consumption of whole grains by those two (2) and older; and

1.1.1.1.9 To increase the proportion of children ages zero (0) to two (2) who view no television or videos on an average day to forty-five percent (45%).

1.2. Breastfeeding Peer Counseling (BFPC)

1.2.1. In 2003, the USDA Food and Nutrition Service (FNS) entered into a cooperative agreement with Best Start Social Marketing (Best Start) to gather information to obtain a clear understanding of the components that are necessary to sustain effective peer counseling programs and how to structure these programs so they are cost effective and manageable. They developed the program "Using Loving Support to Implement Best Practices in Peer Counseling", which is a training and technical assistance project that will be used as a model to aid WIC in designing, building, maintaining, and sustaining peer counseling programs that will improve breastfeeding initiation and duration rates. Arizona will be using this program to guide and develop the state peer counseling program.

1.2.2. The discretionary peer counseling services are considered an adjunct support to WIC breastfeeding services to help achieve the WIC Nutrition Services objectives regarding breastfeeding.

1.2.3. Peer counseling has been a significant factor in improving initiation and duration rates of breastfeeding among women in a variety of settings, including disadvantaged and WIC populations representing diverse cultural backgrounds and geographical locations. Peer counselors are especially effective in communities where role models for breastfeeding behaviors, knowledgeable health care providers, and cultural practices that include breastfeeding as the norm, are scarce. Combining peer counseling with the ongoing WIC breastfeeding promotion and support efforts has the potential to significantly impact breastfeeding rates among WIC participants, and most significantly, increase the harder to achieve breastfeeding duration rates. WIC Local Agencies are strongly encouraged to provide peer counseling services in addition to the ongoing breastfeeding support to their WIC participants. Contractors must provide a breastfeeding friendly environment and have policies to accommodate participants and staff who are breastfeeding.

2. OBJECTIVE

At a minimum, to provide WIC services while allowing each Local Agency to provide, at their discretion, Breastfeeding Peer Counseling Services.

3. SCOPE OF WORK

3.1. WIC Services

The WIC Program Contractor shall perform all the work required to administer and provide WIC services to eligible participants according to the Arizona WIC Program Policies and Procedures Manual (WIC PPM). These include, but are not limited to the following activities:

3.1.1 Perform WIC certification procedures such as categorical and income screening and health and nutrition assessments,

3.1.2 Provide participant centered nutrition and breastfeeding support services to WIC participants,

3.1.3 Provide the mandatory and appropriate additional referrals reflecting the needs of the individual WIC participants,

3.1.4 Issue WIC food benefits tailored to meet the needs of the participants,



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- 3.1.5 Ensure the collection and recording of accurate information,
- 3.1.6 Provide professional training, mentoring and monitoring of WIC staff competencies necessary for delivery of required services,
- 3.1.7 Provide administrative functions for operation of the WIC Program, and
- 3.1.8 Prepare and submit all required plans/reports in accordance with this contract and the WIC PPM.

3.2. Breastfeeding Peer Counseling (BFPC)

WIC BFPC Contractors shall perform all the work required to administer and provide additional breastfeeding support services to WIC mothers following the Loving Support best practice guidelines for peer counseling services and according to the Contractor's proposal in order to increase the breastfeeding rate and duration of breastfeeding.

4. TASKS AND REQUIREMENTS

4.1. WIC Services Outreach, Retention, and Referrals:

- 4.1.1 Conduct outreach activities targeting underserved populations by developing written and verbal presentations or utilizing available materials to inform potentially WIC eligible individuals of the availability of the WIC Program and to explain the benefits of participation in accordance with the WIC PPM,
- 4.1.2 Conduct retention activities to maintain and increase the participation of current WIC enrollees,
- 4.1.3 Establish community partnerships with, at a minimum, the mandatory referral agencies, local hospitals, OB/GYN and pediatricians offices, and provide regular contacts in accordance with the WIC PPM,
- 4.1.4 Establish community partnerships with community organizations such as food banks, community organizations, human and social services, school districts, etc. in accordance with the WIC PPM, and
- 4.1.5 Establish a referral system with breastfeeding/lactation specialists, including but not limited to, International Board Certified Lactation Consultants (IBCLC), Certified Lactation Counselors (CLC), Certified Breastfeeding Counselors (CBC), and Certified Lactation Educators (CLE) in accordance with the WIC PPM.

4.2. Additional BFPC Outreach Tasks:

Develop and document an internal referral link between WIC Program and WIC Peer Counseling Program when applicable. Interaction between WIC Program and WIC Peer Counseling Program shall occur at least monthly and may be in the form of site visits from Peer Counselors, participation of Peer Counselors in WIC clinic meetings, and/or additional training for WIC clinic staff and Peer Counselors.

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4.3. Participant Records:

- 4.3.1 Follow and maintain documentation of participant centered certification and administrative procedures as described in the WIC PPM, including but not limited to:
 - 4.3.1.1 Eligibility and ineligibility determinations;
 - 4.3.1.2 Nutrition assessments;
 - 4.3.1.3 Nutrition and breastfeeding education and support;
 - 4.3.1.4 Nutrition and breastfeeding counseling;
 - 4.3.1.5 Facilitate behavioral goal setting;
 - 4.3.1.6 Appropriate referrals;
 - 4.3.1.7 Program fraud; and
 - 4.3.1.8 Food Benefit issuances.
- 4.3.2 Maintain inventory and accountability records, as set forth in the WIC PPM for eWIC cards,
- 4.3.3 Assure participant confidentiality by obtaining written permission from affected program participant(s) prior to the release of participant information to any agency. The Contractor shall have a written agreement, completed in accordance with 7 CFR (Code of Federal Regulations) 246.26 (h)(3), and the Arizona WIC Policy and Procedure Manual, with any agency or program that will share participant information. The above federal regulation details the implementation of a written agreement and state plan to regulate use and disclosure of confidential applicant and participant information,
- 4.3.4 Staff shall only access the WIC Computer Data System and client files for business related reason(s),
- 4.3.5 Ensure paper files containing confidential participant information are stored in a secure location in the clinic, archived when appropriate, and destroyed according to the retention schedule. All files should be destroyed in an appropriate manner,
- 4.3.6 The Local Agency shall notify the State Agency immediately by telephone call and email upon the discovery of a breach of a participant's confidentiality,
- 4.3.7 The Local Agency shall immediately investigate such security incident, breach, or unauthorized use or disclosure of participant information, including:
 - 4.3.7.1 What data elements were involved and the extent of the data involved in the breach;
 - 4.3.7.2 A description of the unauthorized person(s) known or reasonably believed to have improperly used or disclosed the protected information;
 - 4.3.7.3 A description of where the protected information is believed to have been improperly transmitted, sent, or utilized;
 - 4.3.7.4 A description of the probable causes of the improper use or disclosure; and



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4.3.7.5 Whether Arizona Revised Statutes (A.R.S) § 18-545 or any other federal or state laws requiring individual notifications of breaches are triggered.

4.3.8 The Local Agency shall provide a written report of the investigation to the Chief of the Bureau of Nutrition and Physical Activity (BNPA)/WIC Director and Program Integrity Manager within ten (10) working days of the discovery of the breach or unauthorized use or disclosure. The report shall include the information specified above, as well as a full, detailed corrective action plan, including information on measures that were taken to halt and/or contain the improper use or disclosure, and

4.3.9 The Local Agency shall notify individuals of the breach or unauthorized use or disclosure when notification is required under state or federal law and shall pay any costs of such notifications, as well as any costs associated with the breach using non WIC funds. The BNPA Chief/WIC Director, Program Integrity Manager, and Assistant Attorney General shall approve the time, manner and content of any such notifications. The Local Agency will arrange and pay for any mitigation (e.g. LifeLock) for participants at risk for identity theft because of breach of security of information.

4.4. Service Delivery and Program Rules

The Contractor shall:

4.4.1 Determine eligibility of persons requesting WIC services by screening individuals in accordance with procedures set forth in the WIC PPM; Eligible program participants shall include the following categories whose household income does not exceed 185% of the current designated federal poverty guidelines, who have a nutritional risk as defined in the WIC PPM, and reside in Arizona as defined by the WIC PPM:

4.4.1.1 Pregnant women, breastfeeding women up to twelve (12) months post-partum, and non-breastfeeding women up to six (6) months following the end of a pregnancy;

4.4.1.2 Infants from birth to age one (1); and

4.4.1.3 Children from age one (1) year up to five (5) years of age.

4.4.2 Provide complete nutrition assessment and document results and follow-up in accordance with Value Enhanced Nutrition Assessment (VENA) initiative as outlined in Chapter two (2) and seven (7) of the Arizona WIC Policy and Procedure Manual,

4.4.3 Provide participant-centered nutrition education to participants and appropriately utilize materials provided by the State,

4.4.4 Facilitate goal setting for behavioral change and follow-up on goals set,

4.4.5 Promote breastfeeding to WIC participants and provide breastfeeding education and support, and refer to and promote the Breastfeeding Peer Counseling Program, when appropriate,

4.4.6 Prescribe and tailor a food package appropriate to the participant's nutritional risk(s), category, and cultural preferences and issue food benefits as set forth in the WIC PPM,

4.4.7 Provide program participants with information about available health and social services to which the participant could be referred. The participant shall be provided with written information regarding community services and referrals in accordance with the WIC PPM and Local Agency referral procedures,

4.4.8 Coordinate WIC Services with other health and social services available within the service area, including but not limited to immunizations, voter registration, and breastfeeding support,



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- 4.4.9 Provide information, check for understanding, and document training to participants on program rules, regulations, WIC approved foods, use of eWIC cards, and food benefit use and redemption. The training shall be documented in the participant's record as set forth in the WIC PPM,
- 4.4.10 Consider the impact of scheduling practices, hours of operation, and clinic closures on caseload and WIC applicants' access to services, and
- 4.4.11 Additional BFPC Service Delivery tasks:
 - 4.4.11.1 Accept referrals generated from calls to the ADHS Pregnancy and Breastfeeding Hotline into the Peer Counseling Program;
 - 4.4.11.2 Provide peer counseling services, when appropriate. Services shall be made available outside of usual clinic hours and outside of the WIC clinic, but may also be available during usual clinic hours and in the WIC clinic; and
 - 4.4.11.3 Provide supervision, mentoring, monitoring, and evaluation of peer counselors, when appropriate.

4.5. Participant-Centered Nutrition Education

The Contractor shall:

- 4.5.1 Prepare a one (1) year Nutrition Services and Training Plan for participants to include, but not be limited to:
 - 4.5.1.1 Adoption and Implementation of ADHS goals for nutrition services. In addition, Local Agencies will identify their own goals for nutrition services in this plan; and
 - 4.5.1.2 Adoption and implementation of the State objectives for staff training and client interventions related to the goals for nutrition services. In addition, Local Agencies are required to provide at least one additional objective for each goal.
- 4.5.2 Provide and document participant-centered nutrition education to all WIC adult participants, and to parents or caretakers of participants according to the guidelines of the State Nutrition Services Plans. A minimum of two (2) nutrition education contacts in each six (6) month certification period shall be made and documented in the participant's record. Breastfeeding women, children, infants and migrants from any eligibility category are certified for one (1) year and will receive one (1) nutrition education contact for each three (3) month period. Pregnant women certified through six (6) weeks postpartum will receive one (1) nutrition education contact for each three (3) month period,
- 4.5.3 Provide and document professional supervision, mentoring and monitoring of staff at the clinic level on a regular basis, in accordance with Local Agency Self-Assessment requirements and as often as necessary, to ensure competence,
- 4.5.4 Offer, as often as necessary, high- and medium-risk nutrition education/counseling by a Registered Dietitian (RD) to all participants deemed high-risk upon assessment. As defined in the WIC PPM Local Agencies may designate a Bachelor's degree nutritionist or Dietetic Technician Registered to provide medium-risk counseling to participants under the supervision of the RD,
- 4.5.5 Expend for nutrition education activities an aggregate amount that is not less than the sum of one-sixth (1/6) of the amount the Contractor receives for provision of WIC services each contract year. If the one-sixth (1/6) amount is not expended for nutrition education activities, ADHS may request the Contractor to return an amount equal to the difference between the one-sixth (1/6) requirement and



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the actual amount expended IF ADHS must pay a penalty to the Federal Government. Costs that can be applied to meet the one-sixth (1/6) requirement for nutrition education include:

- 4.5.5.1 Salary and other costs for time spent on nutrition education, whether with an individual or group;
 - 4.5.5.2 The cost of procuring and producing nutrition education materials;
 - 4.5.5.3 The cost of training nutrition educators, including costs related to conducting training sessions and purchasing and producing training materials;
 - 4.5.5.4 The cost of conducting participant evaluations of nutrition education, nutrition assessments and observations;
 - 4.5.5.5 The salary and other costs incurred in developing the nutrition education plan; and
 - 4.5.5.6 Other ADHS-approved costs.
- 4.5.6 Coordinate nutrition education activities and messages. Wherever possible, the Contractor shall utilize USDA and/or AZ Health Zone materials and messages to ensure common nutrition messages, and
- 4.5.7 Provide documentation that a minimum of four percent (4%) of their annual WIC expenditures have been used to support breastfeeding promotion and education. If the four percent (4%) is not expended for breastfeeding promotion and education activities, ADHS may request the Contractor to return an equal to the difference between the four percent (4%) and the actual amount expended if ADHS must pay a penalty to the Federal Government.

4.6. Staffing

The Contractor shall:

- 4.6.1 Designate a WIC Program Director/Manager who is an RD, with previous WIC and/or community health experience to manage and administer the WIC Program and may provide high-risk nutrition counseling and/or formula authorization to WIC participants. If an RD is on *staff* to provide the WIC RD services and with prior approval from ADHS, the Contractor shall designate a Director with a minimum of an undergraduate degree from an accredited institution in nutrition (community nutrition, public health nutrition, nutrition education, human nutrition or nutrition science) or a related field such as home economics or biochemistry with an emphasis in nutritional science or public health administration. With prior approval from ADHS, number of years working in a WIC Program Director/Manager capacity may substitute for some years of education,
- 4.6.2 Identify an RD to serve as the Local Agency Nutrition Coordinator as defined in the WIC PPM. The Nutrition Coordinator will oversee all WIC nutrition services for the Local Agency. If a Local Agency has barriers to this staffing standard, they must be submitted in writing to ADHS with their plan for coordination of nutrition services within the Local Agency to be approved by ADHS,
- 4.6.3 Based on the assigned caseload, provide an appropriate number of RDs to perform high-risk and medium-risk counseling, formula authorization, and as necessary, certification of participants. The Contractor shall provide the RD services in a number proportional to the agency's high-risk caseload in accordance with the WIC PPM, The Contractor may hire graduates with a minimum of an undergraduate degree from an accredited institution, in nutrition (community nutrition, public health nutrition, nutrition education, human nutrition or nutrition science) or a related field such as home economics or biochemistry, with an emphasis in nutritional science or Registered Dietetic Technicians, to do medium-risk counseling, formula authorization, and as necessary participant



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certification under the direction of an RD. If a Local Agency has a barrier to having an RD on staff, the agency must submit in writing to ADHS with their plan for providing high risk nutrition counseling to participants,

- 4.6.4 When applicable, necessary and based on the assigned caseload, provide an appropriate number of adequately trained certification specialists to provide categorical and financial eligibility screening, pre-certification and record required documentation, in accordance with the WIC PPM, as well as administrative support services when necessary. Such individuals shall have the minimum of a high school degree or equivalent and must complete the state training requirements and be certified by the Contractor as competent according to the competencies for the position. Previous nutrition or health related job experience is desirable. These individuals shall meet individual ADHS competencies as set forth in the WIC PPM prior to providing each service such as certifying applicants for participation and/or providing health assessments in the Arizona WIC Program Staff should be observed and certified by the supervising authority to be competent in an activity before being allowed to perform on their own without supervision,
- 4.6.5 Based on the assigned caseload, provide an appropriate number of adequately trained nutrition education specialists to provide certification and nutrition education services to participants in accordance with the WIC PPM. Such individuals will have the minimum of a high school diploma with nutrition experience, education, and training that have been certified by local or state agencies to be competent for the position. An Associate or Bachelor's degree is highly preferred. These individuals shall meet the ADHS competencies for Nutrition Education Specialists as set forth in the WIC PPM prior to certifying applicants for participation and/or providing nutrition education in the Arizona WIC Program. Staff should be observed and certified by the supervising authority to be competent in an activity before being allowed to perform on their own without supervision,
- 4.6.6 Identify an International Board Certified Lactation Consultant (IBCLC) to serve as the local agency Breastfeeding Coordinator as defined in the WIC PPM. The Breastfeeding Coordinator will oversee all WIC breastfeeding services for the local agency to ensure all participants have access to breastfeeding promotion and support services. If a local agency has barriers to this staffing standard, they must be submitted in writing to ADHS with their plan for coordination of breastfeeding services within the local agency to be approved by ADHS,
- 4.6.7 Identify a Training Coordinator as defined in the WIC PPM. The Training Coordinator will oversee and facilitate both new employee and ongoing WIC training for the Local Agency including certifying that staff has met competencies prior to providing services without supervision. If a Local Agency has barriers to this staffing standard, they must submit in writing to ADHS their plan for coordination of training services within the Local Agency to be approved by ADHS,
- 4.6.8 Identify an Outreach Coordinator who will oversee and facilitate activities and efforts to retain current WIC enrollees and outreach to potentially eligible population not currently enrolled in WIC, and participate in outreach-related workgroups. If a Local Agency has barriers to this staffing standard, they must submit in writing to ADHS their plan for coordination of outreach activities within the Local Agency to be approved by ADHS,
- 4.6.9 Provide staff to conduct outreach activities targeting high risk and underserved populations, including but not limited to homeless and migrants, by developing written and verbal presentations or utilizing available materials to inform the potentially eligible individuals of the availability of WIC Program and explain the benefits of participation, and
- 4.6.10 When applicable and necessary, provide WIC Clerks to perform administrative support within WIC clinics at the option of the Contractor. Such individuals shall have the minimum of a high school degree or equivalent. They must meet WIC Program competencies. Previous clerical or work experience is desirable.

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4.7. Additional BFPC Service Staffing

- 4.7.1 Employ a BFPC Program Manager to plan, direct and coordinate general operation of Peer Counseling Program. Ideal candidate will be an International Board Certified Lactation Consultant (IBCLC), have WIC experience, and be familiar with community resources,
- 4.7.2 Develop a support referral system for peer counselors with community Lactation Consultants, including IBCLCs, if the BFPC Program Manager is not an IBCLC or is unable to fulfill consultation duties for any reason, and
- 4.7.3 Employ Breastfeeding Peer Counselors to provide services. Qualifications for peer counselors shall be previous personal experience with breastfeeding, enthusiasm for helping others to succeed at breastfeeding, and similarities with the WIC population the program serves (including similar age, ethnic background, and language spoken). Exemptions to the peer counselor qualifications must be approved by ADHS before hire. When possible, peer counselors should be current or previous WIC participants.

4.8. Staff Training

The Contractor shall:

- 4.8.1 Train new staff as outlined in the ADHS developed new employee training plan,
- 4.8.2 Register and ensure all WIC staff complete all ADHS required WIC on-line courses according to the time requirements set forth by the State through ADHS LMS at az.train.org, or state-assigned LMS System in accordance with the ADHS WIC PPM,
- 4.8.3 In addition to state requirements for competency trainings, Local Agencies must implement and adopt the state training standards as reflected in the Nutrition Education Plan and the ADHS WIC PPM. In addition, Local Agencies must participate in any mandatory training provided by ADHS due to changes in policy, procedures, and / or federal regulations,
- 4.8.4 Provide training for all new staff members regarding Civil Rights, Americans with Disabilities Act (ADA), and Voter Registration during their orientation and, annually, provide all staff with training on Civil Rights, ADA, and Voter Registration issues by completing the ADHS LMS courses on Civil Rights and Voter Registration or other courses or trainings that will be required by ADHS,
- 4.8.5 Provide one (1) representative for a maximum of six (6) mandatory, in-person WIC Partners' two (2) day meetings or trainings session in Phoenix, as scheduled by ADHS on a yearly basis. These meetings will be opportunities for the Local Agency to discuss issues with regards to WIC policies and procedures, federal rules and regulations, and nutrition standards,
- 4.8.6 Provide one (1) representative for a maximum of 12 GoToMeeting WIC Director teleconference meetings to receive information updates on WIC operations, policies and procedures, and other relevant materials being held in lieu of face to face meetings. This may include urgent meetings to discuss current events (e.g. government shutdown) and plan on managing the continuity of operations plan (COOP),
- 4.8.7 Provide one (1) representative to attend a two (2) day trainer conference in Phoenix during each fiscal year for skill and knowledge building, and
- 4.8.8 Maintain a record of training provided, monitoring and observation results of staff competencies in each staff file and/or the State LMS.

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4.9. Additional BFPC Staff Training:

- 4.9.1 Send the WIC Director or designee and the Breastfeeding Peer Counselor Program Manager to a two (2) day training at the ADHS office in Phoenix during each Peer Counseling Program contract term,
- 4.9.2 Provide training of Breastfeeding Peer Counselors using the *Loving Support through Peer Counseling* curriculum within one (1) month of employment,
- 4.9.3 Provide continual education and adequate resources to peer counselors. Continual education shall include basic and continuing breastfeeding training, and may include opportunities to shadow lactation consultants, opportunities to meet with other peer counselors, and related training such as counseling skills, adult learning styles, and others, and
- 4.9.4 Provide all WIC clinic staff the PowerPoint presentation "Peer Counseling: Making a Difference for WIC Families" through the *Loving Support* curriculum at least once during each Peer Counseling Program contract term.

4.10. Data Collection

The Contractor shall:

- 4.10.1 Utilize the hardware, software, and training provided by the Arizona WIC Program to operate the Contractor's portion of the WIC Computer Data System,
- 4.10.2 Complete all data elements required on the WIC Computer Data System as outlined in the WIC PPM,
- 4.10.3 WIC Computer Data System users are required to maintain integrity by keeping their username and password secure. Users shall not share their login information with others, and
- 4.10.4 When applicable and necessary to fulfill WIC business functions, local WIC IT shall coordinate with ADHS WIC IT to ensure immediate restoration of technical equipment (i.e. ADHS owned equipment) to include but not limited to providing a temporary administrative account.

4.11. Administrative Services

The Contractor shall:

- 4.11.1 In addition to complying with the Guidance for Federal Grant Award Management (Blue Book) and State of Arizona Accounting Manual (SAAM) for Contractors of ADHS Funded programs, Chapter twelve (12) and thirteen (13) of the WIC PPM:
 - 4.11.1.1 Maintain a formal inventory listing or subsidiary record of all equipment owned by the Contractor in an organized manner as a part of the official accounting system. Ensure the non-capital and capital equipment listing includes the following: Tag or ID number, Description, Purchase cost or fair market value on date of donation, Purchase or donation date, Location, Disposal Date, Funding Source, Serial Number, Manufacturer, Model Number, RAM size (if applicable), Specifications (if applicable), and Receipt/Invoice (proof of purchase);
 - 4.11.1.2 Provide maintenance and upkeep for all equipment purchased with WIC funds. Maintenance may be provided through the Contractor's own organization or the Contractor may participate in State maintenance contracts where available;



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- 4.11.1.3 Obtain written permission from ADHS prior to expending WIC funds to purchase equipment with a value of \$5,000 or more;
- 4.11.1.4 For all asset-related items, a request shall be submitted to ADHS utilizing the process specified in the WIC PPM: hardware (e.g. computers, tablets, scanners, printers, card readers, pin pads, webcams, and headsets) and certain telecommunications equipment necessary to access the web based WIC Computer Data System (e.g. routers, MiFi's). New technology will be evaluated for inclusion based on program needs. Software may not be purchased with local agency WIC funds:
 - 4.11.1.4.1 Notification to ADHS must be provided for any asset-related resource items that need to be transferred or disposed. Contractors shall not directly dispose of any asset.
- 4.11.1.5 Transfer and disposals must follow procedures outline in WIC PPM; and
- 4.11.1.6 Destroyed/Missing/Stolen asset resources must be reported upon discovery no later than ten (10) business days from the time of incident to the assigned ADHS WIC Nutrition Consultant.
- 4.11.2 If applicable, submit to ADHS for approval in writing any policy or procedure that deviates from those set forth in the Arizona WIC PPM,
- 4.11.3 Update the Local Agency information on a timely basis on the WIC Clinic Search administrative website including but not limited to names of CEO/Health Officer, WIC Director, Clinic Supervisors, Nutrition Coordinator, Breastfeeding Coordinator, Training Coordinator, IT lead(s), clinic names, addresses, phone numbers, days and hours of operations, closure days, and other pertinent information for the public to know,
- 4.11.4 Provide at least ten (10) weeks written notice when planning on opening, moving, or suspending WIC services at any location,
- 4.11.5 Read, timely, all ADHS provided documents and provide requested response, if applicable,
- 4.11.6 The Local Agency Director shall ensure the State Agency has their most recent contact information in an effort to maintain current and accurate information in the Arizona Health Alert Network (AzHAN) account,
- 4.11.7 Maintain records of WIC services in WIC Computer Data System and electronic files of other WIC-related operations and trainings, if applicable, according to the WIC PPM, including but not limited to:
 - 4.11.7.1 Signed consent for hemoglobin screening and anthropometrics;
 - 4.11.7.2 Signed Rights and Obligations for enrolled participant files (active and inactive);
 - 4.11.7.3 Eligible participant files (active and inactive);
 - 4.11.7.4 Ineligible applicant signatures;
 - 4.11.7.5 Monthly Participation Reports by Category and Ethnicity;
 - 4.11.7.6 Outreach files;
 - 4.11.7.7 Medical documentation;



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- 4.11.7.8 Staff files: Trainings attended, skill observations, and Local Agency Self Assessments;
- 4.11.7.9 Documentation of dual participation actions;
- 4.11.7.10 Waiting lists (when applicable);
- 4.11.7.11 Reconciliation of eWIC cards;
- 4.11.7.12 Civil rights file to include documentation and resolution of all civil rights complaints;
- 4.11.7.13 Documentation of annual civil rights and voter registration training of all employees; and
- 4.11.7.14 Documentation of WIC Confidentiality and Conflict of Interest forms.
- 4.11.8 Correct and resolve inappropriate or missing participant information, improbable assessment values, duplicate participation, and other quality assurance WIC Computer Data System issues identified in the report provided to the Contractor by ADHS within the timeframes specified in the WIC PPM,
- 4.11.9 Correct any regulatory deficiency or discrepancy noted during any of the three program Management Evaluations, Audits, Local Agency Compliance Investigations or Program Financial Reviews within sixty (60) calendar days of the date of the audit report unless an extension date is granted by the auditing/reviewing agency and documented,
- 4.11.10 Adhere to the SAAM travel rates. Travel rates reimbursed by the Local Agency cannot exceed the current Arizona State Reimbursement Rates, located here: <https://gao.az.gov/travel/welcome-gao-travel>,
- 4.11.11 Prepare individual electronic copies of the Contractor's Expenditure Reports (CER) for each contracted program according to the instructions and requirements of the WIC PPM,
- 4.11.12 Retain all evidentiary documentation (i.e. meal receipts) and submit to ADHS upon request for all expenses charged towards the WIC grant,
- 4.11.13 Prepare Final Closeout CER invoice for each contracted program reflecting the cumulative expenditures for a contract year,
- 4.11.14 Prepare WIC Local Agency Quarterly Cost Summary Reports that matches the amount of each quarter's expenditures respectively in accordance with the requirements in the WIC PPM,
- 4.11.15 Prepare an annual evaluation on the annual Contractor's Outreach Plan and a progress report on activities accomplished during the year,
- 4.11.16 Prepare an annual evaluation on the One (1) Year Nutrition Services and Training Plan and a progress report on activities accomplished during the year,
- 4.11.17 Prepare an annual Amendment Application in accordance with the individual program requirements that will include budget breakdown of line items and budget justifications of any budget changes,
- 4.11.18 Prepare a Summary of Local Agency Annual Self Assessments. Local Agency self-assessments must be done annually in the year that the Local Agency has a Management Evaluation, and semi-annually in the year that they do not have a Management Evaluation, and
- 4.11.19 Prepare all required plans, reports, and documents in accordance with the requirements in the WIC PPM.

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In the event the Arizona WIC Program funding is depleted (e.g. government shutdown) the Contractor may request permission to continue operating their program utilizing local funds. The Contractor will contact the Arizona WIC Director to discuss the feasibility of sustaining clinic operations and participant food redemption at authorized vendor locations. The Contractor may transfer funds to ADHS to ensure continued operation.

Additional monies may be awarded under this contract for WIC Special Projects related to, but not limited to general infrastructure, breastfeeding promotion, nutrition services, information system enhancement efforts and client retention efforts.

4.12. Additional Peer Counseling Administrative Services

- 4.12.1. Prepare and submit a Quarterly Report for the Peer Counseling services in the format provided by ADHS, and
- 4.12.2. Training and resources to assist the local agency in establishing and maintaining competency for new and existing staff.

5. **REFERENCE DOCUMENTS**

- 5.1. Arizona WIC Program Policies and Procedures Manual: Refer to http://azdhs.gov/azwic/local_agencies_policyManual.htm
- 5.2. Guidance for Federal Grant Award Management (Blue Book): <https://www.azdhs.gov/documents/prevention/womens-childrens-health/childrens-health/homevisiting/guidance-for-federal-grant-award-management.pdf>
- 5.3. State of Arizona Accounting Manual (SAAM): <https://gao.az.gov/publications/SAAM/>
- 5.4. Federal Regulations: Refer to <https://www.ecfr.gov/cgi-bin/text-idx?SID=a42889f84f99d56ec18d77c9b463c613&node=7:4.1.1.1.10&rgn=div5>
- 5.5. 7 CFR 246.14: Program costs
- 5.6. 7 CFR 246.26 (h)(2): Notice to applicants and participants about the use and disclosure of confidential applicant and participant information
- 5.7. 7 CFR 246.26 (h)(3): Implementation of a written agreement and state plan to regulate use and disclosure of confidential applicant and participant information.

6. **STATE PROVIDED ITEMS**

ADHS shall provide the following:

- 6.1. Paper copies of the Arizona WIC Program Policies and Procedures Manual, upon request;
- 6.2. Hardware and software necessary for operation of the WIC Computer Database System;
- 6.3. Training and resources to assist local agencies in establishing staff competency for new and existing staff;
- 6.4. Blank eWIC Cards;
- 6.5. Method for submitting expenditures. The ADHS WIC Program Manager or designee will accept and approve the expenditures prior to payment;
- 6.6. Nutrition Education Materials for participants;

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- 6.7. Quarterly Report template (electronic) for Peer Counseling Program;
- 6.8. Technical assistance and support;
- 6.9. Breastfeeding material and supplies for participants and resources for staff;
- 6.10. Assistance with International Board Certified Lactation Consultant (IBCLC) career track or advanced lactation consultant education, when appropriate;
- 6.11. Loving Support through Peer Counseling curriculum, which includes the PowerPoint presentation "Peer Counseling: Making a Difference for WIC Families," when appropriate;
- 6.12. Monitoring of WIC Authorized Vendors for compliance with regulations and coordination with tribal and county officials when doing compliance buys for markets on a reservation;
- 6.13. Periodic redemption reports for issued benefits; and
- 6.14. Formats for required reports.

7. DELIVERABLES

If applicable, any work plan or other documentation submitted to and accepted by ADHS regarding participation in WIC or BFPC shall be incorporated into this Agreement. Furthermore, any policy or procedure that deviates from those set forth in the Arizona WIC Program Policies and Procedures Manuals requires approval from ADHS prior to implementation.

The Contractor shall submit to ADHS:

- 7.1. Updated copies of Local Agency Policies and Procedures as required per the WIC PPM;
- 7.2. Individual electronic CER invoice for each program, no later than thirty (30) days following the end of each report month of the program year;
- 7.3. WIC Local Agency Quarterly Cost Summary matching the WIC Contractor's CER expenses no later than thirty (30) days following the end of each quarter report of the program year;
- 7.4. Final CER invoice for each program no later than forty-five (45) days following the end of each Contract year;
- 7.5. WIC Local Agency fourth (4th) Quarterly Final Cost Summary matching the WIC Contractor's CER expenses, not later than forty-five (45) days following the end of each Contract year;
- 7.6. Updated Nutrition Services and Training Plan for the upcoming FFY and evaluation of the previous years activities;
- 7.7. Annual Summary of Local Agency Self Assessments;
- 7.8. Each Contracted Program's amendment application by the specified deadline for the following contract year which contains the following information:
 - 7.8.1. Request for Caseload to be served,
 - 7.8.2. Request for budget and budget justification,
 - 7.8.3. Updated Outreach Plan for the upcoming FFY and an evaluation of previous years activities, and



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7.8.4. Any additional services and other documents specified.

7.9. All required responses to federal and state audits and reviews submitted in a timely manner;

7.10. Additional Peer Counseling Deliverables

7.10.1. Quarterly reports for the Peer Counseling Program to be submitted 15 days after each quarter of the Contract year.

8. PERFORMANCE STANDARDS AND AWARDS

8.1. Upon Contract finalization, ADHS shall notify the Contractor by email of the assigned caseload, and throughout the term of the Contract, of any changes to the assigned caseload. The Contractor shall maintain an average monthly participation level in accordance with the following table:

<u>Caseload Assignment</u>	<u>% Maintained</u>
<10,000 participants/month	97%
10,000 to <49,999 participants/month	98%
>50,000 participants/month	99%

8.2. If, after each quarter of the Federal Fiscal Year (October through September), the Contractor has not attained the required participation level, ADHS will have the option of reducing the assigned caseload and resources to the Contractor's current service level. ADHS may also then move the unused caseload and corresponding resources to other WIC Local Agencies in order to fully utilize the resources; and

8.3. Local Agencies shall be eligible for one (1) or more of the following awards:

8.3.1. Any local agency which meets 100% or more of its caseload assignment for three (3) consecutive months during the previous FFY may receive an award of \$10,000 added to that agency's following fiscal year WIC funding formula award if the Contract is extended and additional expenditures can be identified,

8.3.2. Utilizing the "Nutrition Discussion Contact" report ran in the first quarter of the FFY preceding time of application (October through December), any Local Agency meeting 95% of its nutrition education documentation requirement for each participation time period may receive an award of \$10,000 added to that agency's following fiscal year WIC funding formula award if the Contract is extended and additional expenditures can be identified,

8.3.3. The agency with the highest percentage of IENs in the first quarter (Oct 1 through Dec 31) of each fiscal year within their Assigned Caseload Cohort may be eligible to receive an award added to the following fiscal year WIC funding formula award if the Contract is extended and additional expenditures can be identified. Assigned Caseload Cohorts and award amounts will be determined as follows:

<u>Assigned Caseload Cohort</u>	<u>Award Amount</u>
Less than 2000	\$5,000
2000 - 8000	\$10,000
More than 8000	\$15,000

8.3.4. Pursuant to 7 CFR 246. 14, which allows the WIC program to fund nutrition services and administrative expenses, the Performance Awards may be part of the annual funding formula and awarded to the Contractor in the next contract year, and



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8.3.5. USDA has the option to award breastfeeding performance awards to State Agencies who exceed the national average. If funds are awarded to Arizona, each Local Agency program will receive a proration of the amount based upon the number of exclusively nursing women in their Local Agency. It will be a set amount, and may only be used for purposes outlined in the current federal guidelines.

9. NOTICES, CORRESPONDENCE AND REPORTS

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

Arizona Department of Health Services
150 N. 18th Avenue, Suite 310
Phoenix, Arizona 85007
Attention: WIC Program Manager

9.2. Notice, correspondence and reports from ADHS to the Contractor shall be sent to: (Contractor to complete)

Contractor: _____

Attention: _____

Address: _____

Address: _____

City, State, ZIP: _____

Phone: _____

Fax: _____

Email: _____



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PRICE SHEET

October 1, 2020 to September 30, 2021

Cost Reimbursement Line Item Budget
Agency Name: Greenlee County

WIC Services

Federal Award Date: October 1, 2020

CFDA number and name: 10.557 Special Supplemental Nutrition Program for Women, Infants, and Children

WIC Services Account Classification	Amount
Personnel	\$31,242.00
Employee Related Expenses	\$8,311.00
Professional & Outside Services	\$1.00
Travel Expense	\$1,350.00
Occupancy Expenses	\$1.00
Other Operating Expenses	\$4,620.00
Capital Expenditures	\$1.00
Indirect Cost	\$0.00
RD Supplement	\$70,730.00
Total	\$116,256.00

Breastfeeding Peer Counseling Services

Federal Award Date: October 1, 2020

CFDA number and name: 10.557 Special Supplemental Nutrition Program for Women, Infants, and Children

Breastfeeding Peer Counseling Services Account Classification	Amount
Personnel	\$0.00
Employee Related Expenses	\$0.00
Professional & Outside Services	\$0.00
Travel Expense	\$0.00
Occupancy Expenses	\$0.00
Other Operating Expenses	\$0.00
Capital Expenditures	\$0.00
Indirect Costs	\$0.00
Total	\$0.00

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Additional Terms and Conditions:

With prior written approval from the Program Manager, the Contractor is authorized to transfer up to a maximum of ten percent (10%) of the total budget amount between funded line items except for Registered Dietitian Expenses. 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 Registered Dietitian line item may only be used to fund additional Registered Dietitian position(s) to meet high risk counseling requirements.

Authorization for purchase of services under this Contract shall be made only upon ADHS issuance of a Purchase Order that is signed by an authorized agent. The Purchase Order will indicate the Contract number and the dollar amount of funds authorized. The Contractor shall only be authorized to perform services up to the amount on the Purchase Order. ADHS shall not have any legal obligation to pay for services in excess of the amount indicated on the Purchase Order. No further obligation for payment shall exist on behalf of ADHS unless a.) The Purchase Order is modified with an official ADHS Procurement Change Order, and/or b.) An additional Purchase Order is issued for purchase of services under this Contract.

ADHS reserves the right to adjust awards given to local agencies depending on federal dollars received. Adjustments will be at the discretion of ADHS.

Additional WIC Program:

Should additional administrative monies become available through state or federal grants, ADHS may increase the purchase order to increase the number of participants served and increase the total of this contract.

The assigned caseload for FFY 2021 is: 250

Additional Breastfeeding Peer Counseling Program:

Allowable costs for the Peer Counseling Program include compensation for peer counselors and designated peer counselor managers/coordinators, and related costs such as training and training materials; telephone expenses for participant contacts (including pager, cell phones and answering machines); travel for training and home and hospital visits; recruitment of peer counseling staff; and the purchase of demonstration materials (e.g., breast pumps for demonstration purposes, videos). Out of state travel must be pre-approved by ADHS. Items and materials for distribution to WIC participants (e.g. breast pumps, breastfeeding aids) are not allowable costs.

**GREENLEE COUNTY BOARD OF SUPERVISORS
AGENDA INFORMATION FORM**



MEETING DATE: August 12, 2020 REQUESTED BY: Steve Rutherford
 DEPARTMENT: Health TELEPHONE #: 928-865-2601

1. Insert brief description of proposal and requested Board action:
 Consideration of Approval for the Arizona Department of Health Services Intergovernmental Agreement (IGA) Amendment No.1 Prop 201 Smoke Free Arizona Between Greenlee County Health Department. (New Price Sheet/Fee Schedule.)

2. Continued from meeting of: _____
Discussed in meeting of: _____

3. Publication requirements:
 Does this require publication in the official county newspaper? Yes No
 This department to cause publication Clerk of the Board to cause publication

4. Financial Impact: Project Code #: _____
 Expenditure: Is this a budgeted expense? Yes No
 Fund _____ \$ _____ Actual Not to exceed
 Fund _____ \$ _____ Actual Not to exceed
 If not budgeted, how will this expense be funded? _____

Grants/Contracts:
 Federal State Other _____
 CFDA # (Federal grants only) _____ State # _____
 Fund 222-069 \$ 53,076.00
 Matching funds required? Yes No Fund _____ \$ _____

5. Legal Review: Does this item require County Attorney review and approval as to form and within powers granted under the laws of the State of Arizona to the Greenlee County Board of Supervisors?
 Yes No
 Date of County Attorney approval: 7-30-20

6. Board of Supervisors action taken:
 Approved Amended Disapproved Tabled

Original backup documentation must accompany this form!

**County Attorney
Document Approval Request
Cover Page**

County Administrator approval	YES
Email & hard copy submitted to Attorney	Hard copy only
Document information/purpose	<u>Prop 201 Smoke Free Arizona</u>
Concerns/Issues	<u>None</u>
Is this a renewal of a previously approved document	YES
Are there changes to the renewal	NO
Describe changes and where they are located in the document	<u>NA</u>
Timeframe for document approval	Wednesday, August 12, 2020
Submitted by:	Steve Rutherford
Date submitted	7/29/2020

(Example wording for further information to the County Attorney)

This agreement is scheduled to be on the agenda for the August 12th Board meeting pending attorney approval.

Thank you.

Steve Rutherford



**INTERGOVERNMENTAL AGREEMENT (IGA)
AMENDMENT**

**ARIZONA DEPARTMENT OF
HEALTH SERVICES**
150 N. 18th Avenue, Suite 530
Phoenix, Arizona 85007

Contract No.: ADHS18-175300

Amendment No.: 1
APP Amendment No.: 1

Procurement Specialist:
Carlos Carranza Jr.

Prop 201 Smoke Free Arizona

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

1. Pursuant to Terms and Conditions, Page Seven (7), Provision Six (6), Contract Changes, Subsection (6.1), Amendments, Purchase Orders and Change Orders, the Price Sheet of the Agreement is hereby revised and replaced by the Price Sheet of this Amendment One (1).
2. Pursuant to Terms and Conditions, Page Seven (7), Provision Six (6), Contract Changes, Subsection (6.1), Amendments, Purchase Orders and Change Orders, the Special Terms and Conditions is revised to add the following:

22. Authorization for Provision of Services:

Authorization for purchase of services under this contract shall be made only upon ADHS issuance of a Purchase Order that is signed by an authorized agent. The Purchase Order will indicate the contract number and the dollar amount of funds authorized. The Contractor shall only be authorized to perform services up to the amount on the Purchase Order. ADHS shall not have any legal obligation to pay for services in excess of the amount indicated on the Purchase Order. No further obligation for payment shall exist on behalf of ADHS unless a) the Purchase Order is changed or modified with an official ADHS Procurement Change Order, and/or b) an additional Purchase Order is issued for purchase of services under this contract.

(continued on next page)

ALL OTHER PROVISIONS OF THIS AGREEMENT REMAIN UNCHANGED.

<p>Greenlee County Contractor Name</p> <p>PO Box 936 Address</p> <p>Clifton ARIZONA 85533 City State Zip</p>	<p align="center">CONTRACTOR SIGNATURE</p> <p align="center"><i>Steve Rutherford</i> Contractor Authorized Signature</p> <p align="center">Steve Rutherford Printed Name</p> <p align="center">Director of Health Title</p>
<p align="center">CONTRACTOR ATTORNEY SIGNATURE</p> <p>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 the State of Arizona.</p> <p align="center"><i>Robert Gilliland</i> 7/30/20 Signature Date</p> <p align="center">Robert Gilliland, Chief Deputy County Attorney Printed Name Jeremy Ford, Greenlee County Attorney</p>	<p>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.</p> <p>State of Arizona</p> <p>Signed this _____ day of _____ 20____</p> <p align="center">Procurement Officer</p>
<p>Contract No. ADHS18-175300, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney General, 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.</p> <p>Signature _____ Date _____ Assistant Attorney General</p> <p>Printed Name: _____</p>	

	INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT		ARIZONA DEPARTMENT OF HEALTH SERVICES 150 N. 18 th Avenue, Suite 530 Phoenix, Arizona 85007
	Contract No.: ADHS18-175300	Amendment No.: 1 APP Amendment No.: 1	Procurement Specialist: Carlos Carranza Jr.

NEW Price Sheet/Fee Schedule

Effective July 1, 2020

Type of Unit	Unit Rate
Budget Period: 7/1 – 6/30	
Education and Compliance Activities	\$28,076.00
Enforcement Activities	\$25,000.00
Estimated quarterly amount	\$13,269.00
Not to exceed Annual Total	\$53,076.00

Note: If the contractor has unused funds from the previous quarters, the contractor shall carry forward the funds to the following quarters, up to the term of the budget period.

All expenses are inclusive of any travel and travel related expenses.

**GREENLEE COUNTY BOARD OF SUPERVISORS
AGENDA INFORMATION FORM**



MEETING DATE: 8/12/2020 REQUESTED BY: Tony Hines
 DEPARTMENT: Fleet TELEPHONE #: 928-687-2001

1. Insert brief description of proposal and requested Board action:
 Permission to solicit bids for 1 SUV vehicle for Emergency Management

2. Continued from meeting of: N/A
Discussed in meeting of: N/A

3. Publication requirements:
 Does this require publication in the official county newspaper? Yes No
 This department to cause publication Clerk of the Board to cause publication

4. Financial Impact: Project Code #: _____
 Expenditure: Is this a budgeted expense? Yes No
 Fund 101 020 \$ _____ Actual Not to exceed
 Fund _____ \$ _____ Actual Not to exceed
 If not budgeted, how will this expense be funded? _____

Grants/Contracts:
 Federal State Other _____
 CFDA # (Federal grants only) _____ State # _____
 Fund _____ \$ _____
 Matching funds required? Yes No Fund _____ \$ _____

5. Legal Review: Does this item require County Attorney review and approval as to form and within powers granted under the laws of the State of Arizona to the Greenlee County Board of Supervisors?
 Yes No
 Date of County Attorney approval: _____

6. Board of Supervisors action taken:
 Approved Amended Disapproved Tabled

Original backup documentation must accompany this form!

**GREENLEE COUNTY BOARD OF SUPERVISORS
AGENDA INFORMATION FORM**



MEETING DATE: 08/12/2020
DEPARTMENT: Fleet

REQUESTED BY: Tony Hines
TELEPHONE #: 928-687-2001

1. Insert brief description of proposal and requested Board action:
Permission to repair JD tractor used for the Airport at Stotz Equipment

2. Continued from meeting of: N/A
Discussed in meeting of: N/A

3. Publication requirements:
Does this require publication in the official county newspaper? Yes No
This department to cause publication Clerk of the Board to cause publication

4. Financial Impact: Project Code #: _____
Expenditure: Is this a budgeted expense? Yes No
Fund 101 \$ 3,908.87 Actual Not to exceed
Fund _____ \$ _____ Actual Not to exceed
If not budgeted, how will this expense be funded? _____

Grants/Contracts:
Federal State Other _____
CFDA # (Federal grants only) _____ State # _____
Fund _____ \$ _____
Matching funds required? Yes No Fund _____ \$ _____

5. Legal Review: Does this item require County Attorney review and approval as to form and within powers granted under the laws of the State of Arizona to the Greenlee County Board of Supervisors?
 Yes No
Date of County Attorney approval: _____

6. Board of Supervisors action taken:
 Approved Amended Disapproved Tabled

Original backup documentation must accompany this form!



STOTZ EQUIPMENT

2457 W. Highway 70
Thatcher, AZ 85552
(928) 428-1223
Fax: (928) 428-4449

www.stotzequipment.com

QUALITY • INTEGRITY • LOYALTY • CARING • COMMUNITY

Ship To: SAME AS BELOW

Invoice To: GREENLEE COUNTY
PO BOX 908
CLIFTON AZ 85533

Branch		
28 - THATCHER, AZ		
Date	Time	Page
08/10/2020	12:27:41 (O)	1
Account No.	Phone No.	Estimate No.
GREEN085	9288652072	001482
Ship Via	Purchase Order	
	Salesperson	
	M64	

ESTIMATE EXPIRY DATE: 11/17/2020

SERVICE ESTIMATE - NOT AN INVOICE

Stock #: CO023330 OPEN STATION TRACTOR MS #: LV3120H311059
Make: JD Model: 3120 G
Is to have the following work done

T/S

COMPLAINT:

REPLACE TRANSMISSION SOLENOID VALVE

ADDITIONAL DESCRIPTION:

SAFETY INSPECTION:

- () ROPS / SEAT BELTS
- () LIGHTS / SAFETY SWITCHES
- () SMV / REFLECTORS / DECALS
- () GUARDS / SHIELDS / PROTECTORS
- () BRAKES / STEERING
- () TRANS. / PARK / HAND BRAKE
- () HIGH PRESSURE LEAKS
- () OTHER _____
- () ***** ALL OK *****

***** THANK YOU FOR YOUR BUSINESS *****

Part#	Description	Qty	Price	Amount
LVA13065	Filter Element	1	88.04	88.04
AR69444	OIL HY-GARD	1	71.75	71.75
TY6354	OIL HY-GARD	2	17.46	34.92
LVA13802	Valve	1	630.70	630.70
LVU801313	Gasket	1	31.15	31.15

MISCELLANEOUS CHARGES:	Description	Price	Amount
	SUPPLY/ENVIR FE	215.73	215.73

Parts: 856.56
Labor: 2739.00
Miscellaneous: 215.73
Tax: 97.58



STOTZ
EQUIPMENT

2451 W. Highway 70
Thatcher, AZ 85552
(928) 428-1223
Fax: (928) 428-4449

www.stotzequipment.com

QUALITY • INTEGRITY • LOYALTY • CARING • COMMUNITY

Ship To: SAME AS BELOW

Invoice To: GREENLEE COUNTY
PO BOX 908
CLIFTON AZ 85533

Branch		28 - THATCHER, AZ	
Date	Time	Page	
08/10/2020	12:27:41 (O)	2	
Account No.	Phone No.	Estimate No.	
GREEN085	9288652072	001482	
Ship Via		Purchase Order	
		Salesperson	
		M64	

ESTIMATE EXPIRY DATE: 11/17/2020

SERVICE ESTIMATE - NOT AN INVOICE

Authorization: _____

TOTAL: 3908.87



**GREENLEE COUNTY BOARD OF SUPERVISORS
AGENDA INFORMATION FORM**



MEETING DATE: August 13, 2020
DEPARTMENT: BOS

REQUESTED BY: Bianca Figueroa
TELEPHONE #: _____

1. Insert brief description of proposal and requested Board action:

Discussion/Action regarding the 2020 Primary Election Canvass

2. Continued from meeting of: _____
Discussed in meeting of: _____

3. Publication requirements:

Does this require publication in the official county newspaper? Yes No
This department to cause publication Clerk of the Board to cause publication

4. Financial Impact:

Expenditure: Is this a budgeted expense? Yes No

Project Code #: _____

Fund _____ \$ _____ Actual Not to exceed
Fund _____ \$ _____ Actual Not to exceed

If not budgeted, how will this expense be funded? _____

Grants/Contracts:

Federal State Other

CFDA # (Federal grants only) _____ State # _____

Fund _____ \$ _____
Matching funds required? Yes No Fund _____ \$ _____

5. Legal Review: Does this item require County Attorney review and approval as to form and within powers granted under the laws of the State of Arizona to the Greenlee County Board of Supervisors?

Yes No

Date of County Attorney approval: _____

6. Board of Supervisors action taken:

Approved Amended Disapproved Tabled

Original backup documentation must accompany this form!

DEREK RAPIER
County Administrator
(928) 865-2072
FACSIMILE (928) 865-9332



DAVID GOMEZ
District 1
RON CAMPBELL
District 2
RICHARD LUNT
District 3

BOARD OF SUPERVISORS
P.O. BOX 908
253 5TH STREET
CLIFTON, AZ 85533

STATE OF ARIZONA)
) ss **CERTIFICATION**
COUNTY OF GREENLEE)

I, Derek Rapier, Clerk of the Board of Supervisors, County of Greenlee, State of Arizona, do hereby certify that the attached document is a true and correct copy of the Official Returns for the 2020 Primary Election held on August 4, 2020.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Official Seal.

Done at Clifton, Arizona, this 13th day of August, 2020.

Derek Rapier
Clerk of the Board of Supervisors
Greenlee County

DEREK RAPIER
County Administrator
(928) 865-2072

FACSIMILE (928) 865-9332



DAVID GOMEZ
District 1

RON CAMPBELL
District 2

RICHARD LUNT
District 3

BOARD OF SUPERVISORS
P.O. BOX 908
253 5TH STREET
CLIFTON, AZ 85533

STATE OF ARIZONA)
) ss OFFICIAL WRITE-IN CANDIDATE VOTES
COUNTY OF GREENLEE)

I, Derek Rapier, Clerk of the Board of Supervisors, County of Greenlee, State of Arizona, do hereby certify that the following named persons were Official Write-In Candidates for the 2020 Primary Election held August 4, 2020, as presented by the Secretary of State for Federal and State offices and by the Election Officer for Local offices, and the same persons received the following write-in votes in the various precincts in Greenlee County:

<u>REPUBLICAN PARTY</u>	<u>TOTAL VOTES</u>
<u>U.S. SENATOR</u> (Term expires 01/03/2023)	
Lyons, Sean	2
<u>CORPORTION COMMISIONER</u>	
O'Connor, James	33
<u>DEMOCRATIC PARTY</u>	
<u>U.S. SENATOR</u>	
Garcia, Bo "Heir Archy"	1
<u>LIBERTARIAN PARTY</u>	
<u>U.S. SENATOR</u>	
Hess, Barry	0
White, Alan	0

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Official Seal. Done at Clifton, Arizona, this 13th day of August, 2020.

Derek Rapier
Clerk of the Board of Supervisors
Greenlee County

County of Greenlee, State of Arizona
Primary Election
August 4, 2020

OFFICIAL RESULTS
CANVASS
Election Summary Report

STATISTICS

	TOTAL	Election Day	Early Vote	Provisional s
Registered Voters - Total	4,583			
Registered Voters - Republican	1,576			
Registered Voters - Democratic	1,690			
Registered Voters - Libertarian	34			
Ballots Cast - Total	1,570	214	1,312	44
Ballots Cast - Republican	734	135	564	35
Ballots Cast - Democratic	835	79	747	9
Ballots Cast - Libertarian	1	0	1	0
Voter Turnout - Total	34.26%			
Voter Turnout - Republican	46.57%			
Voter Turnout - Democratic	49.41%			
Voter Turnout - Libertarian	2.94%			

REP U.S. Senator

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
MCCARTHY, DANIEL "DEMAND DANIEL"	164	22.87%	37	120	7
MCSALLY, MARTHA	543	75.73%	95	422	26
Write-In Totals	10	1.39%	2	8	0
Total Votes Cast	717	100.00%	134	550	33

REP U.S. Representative in Congress Dist 1

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
REIDHEAD, NOLAN	307	44.30%	68	223	16
SHEDD, TIFFANY	376	54.26%	62	301	13
Write-In Totals	10	1.44%	3	6	1
Total Votes Cast	693	100.00%	133	530	30

REP State Senator Dist. 14

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
GOWAN, DAVID	637	99.07%	127	479	31
Write-In Totals	6	0.93%	2	4	0
Total Votes Cast	643	100.00%	129	483	31

REP State Representative Dist. 14

Vote For 2

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
GRIFFIN, GAIL	499	46.42%	117	356	26
NUTT, BECKY	567	52.74%	116	423	28
Write-In Totals	9	0.84%	6	3	0
Total Votes Cast	1,075	100.00%	239	782	54

REP Corporation Commissioner

Vote For 3

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
MARQUEZ PETERSON, LEA	461	43.82%	110	327	24
SLOAN, ERIC	524	49.81%	110	386	28
Write-In Totals	67	6.37%	27	33	7
Total Votes Cast	1,052	100.00%	247	746	59

REP Board of Supervisors Dist. 1

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	52	100.00%	10	40	2
Total Votes Cast	52	100.00%	10	40	2

REP Board of Supervisors Dist. 2

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	26	100.00%	10	10	6
Total Votes Cast	26	100.00%	10	10	6

REP Board of Supervisors Dist. 3

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
MENGES, SUZANNE	250	93.28%	48	193	9
Write-In Totals	18	6.72%	2	16	0
Total Votes Cast	268	100.00%	50	209	9

County of Greenlee, State of Arizona
 Primary Election
 August 4, 2020

OFFICIAL RESULTS
 CANVASS
 Election Summary Report

REP County Attorney

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	50	100.00%	16	28	6
Total Votes Cast	50	100.00%	16	28	6

REP County Sheriff

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
SUMNER, TIM	497	83.53%	89	383	25
Write-In Totals	98	16.47%	31	62	5
Total Votes Cast	595	100.00%	120	445	30

REP County Treasurer

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	44	100.00%	15	24	5
Total Votes Cast	44	100.00%	15	24	5

REP County School Superintendent

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	95	100.00%	26	62	7
Total Votes Cast	95	100.00%	26	62	7

REP County Recorder

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	42	100.00%	12	26	4
Total Votes Cast	42	100.00%	12	26	4

REP County Assessor

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	77	100.00%	15	57	5
Total Votes Cast	77	100.00%	15	57	5

DEM U.S. Senator

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
KELLY, MARK	696	96.80%	63	628	5
Write-In Totals	23	3.20%	4	18	1
Total Votes Cast	719	100.00%	67	646	6

DEM U.S. Representative in Congress Dist 1

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
O'HALLERAN, TOM	468	64.73%	45	420	3
PUTZOVA, EVA	248	34.30%	27	218	3
Write-In Totals	7	0.97%	1	6	0
Total Votes Cast	723	100.00%	73	644	6

DEM State Senator Dist. 14

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
KARP, BOB	625	97.81%	61	558	6
Write-In Totals	14	2.19%	2	12	0
Total Votes Cast	639	100.00%	63	570	6

DEM State Representative Dist. 14

Vote For 2

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
BEACH - MOSCHETTI, KIMBERLY "KIM"	525	48.93%	59	460	6
MAESTAS-CONDOS, RONNIE	527	49.11%	53	467	7
Write-In Totals	21	1.96%	5	16	0
Total Votes Cast	1,073	100.00%	117	943	13

DEM Corporation Commissioner

Vote For 3

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
MUNDELL, WILLIAM "BILL"	505	32.86%	53	447	5
STANFIELD, SHEA	454	29.54%	53	396	5
TOVAR, ANNA	564	36.69%	59	500	5
Write-In Totals	14	0.91%	2	12	0
Total Votes Cast	1,537	100.00%	167	1,355	15

DEM Board of Supervisors Dist. 1

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
CASTANEDA, NICK	162	37.85%	17	145	0
GOMEZ, DAVID	225	52.57%	18	204	3
Write-In Totals	41	9.58%	7	34	0
Total Votes Cast	428	100.00%	42	383	3

DEM Board of Supervisors Dist. 2

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	14	100.00%	8	6	0
Total Votes Cast	14	100.00%	8	6	0

DEM Board of Supervisors Dist. 3

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	24	100.00%	2	22	0
Total Votes Cast	24	100.00%	2	22	0

DEM County Attorney

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	34	100.00%	13	20	1
Total Votes Cast	34	100.00%	13	20	1

DEM County Sheriff

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
AVILA, LARRY	596	87.91%	54	536	6
Write-In Totals	82	12.09%	13	68	1
Total Votes Cast	678	100.00%	67	604	7

DEM County Treasurer

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	43	100.00%	12	30	1
Total Votes Cast	43	100.00%	12	30	1

DEM County School Superintendent

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
BOLING, BRYAN	626	96.46%	56	564	6
Write-In Totals	23	3.54%	3	19	1
Total Votes Cast	649	100.00%	59	583	7

DEM County Recorder

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	37	100.00%	9	27	1
Total Votes Cast	37	100.00%	9	27	1

DEM County Assessor

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	50	100.00%	12	36	2
Total Votes Cast	50	100.00%	12	36	2

LBT U.S. Senator

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0	0.00%	0	0	0

LBT U.S. Representative in Congress Dist 1

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0	0.00%	0	0	0

LBT State Senator Dist. 14

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0	0.00%	0	0	0

LBT State Representative Dist. 14

Vote For 2

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0	0.00%	0	0	0

LBT Corporation Commissioner

Vote For 3

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0	0.00%	0	0	0

Council Member Clifton

Vote For 4

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
JAMES, ANTHONY	307	33.89%	52	246	9
MONTOYA, LUIS	311	34.33%	52	249	10
WEST, RAY	262	28.92%	48	204	10
Write-In Totals	26	2.87%	17	8	1
Total Votes Cast	906	100.00%	169	707	30

Council Member Duncan

Vote For 2

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
MENDELSON, DEBORAH	93	48.44%	9	81	3
RIOS, SUSAN D.	95	49.48%	8	85	2
Write-In Totals	4	2.08%	0	4	0
Total Votes Cast	192	100.00%	17	170	5

Proposition 402

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
YES	99	73.88%	7	89	3
NO	35	26.12%	5	29	1
Total Votes Cast	134	100.00%	12	118	4

GREENLEE COUNTY, ARIZONA
 2020 PRIMARY ELECTION
 August 4, 2020
 OFFICIAL RESULTS

ELECTION SUMMARY

	PRECINCT NUMBER								TOTAL
	1	2	3	4	5	6	7	8	
Ballots from Polls	1	8	44	28	49	9	32	43	214
Early Ballots	8	18	291	244	172	40	246	293	1312
Provisional Ballots	0	0	6	7	16	1	5	9	44
Less Rejected Ballots	0	0	0	0	0	0	0	0	0
Total Ballots Counted	9	26	341	279	237	50	283	345	1570
Total Registered Voters	16	32	961	571	1141	272	726	864	4583
Total Percentage Voting	56.25%	81.25%	35.48%	48.46%	20.77%	18.38%	38.98%	39.93%	34.26%

**GREENLEE COUNTY, ARIZONA
2020 PRIMARY ELECTION CANVASS
August 4, 2020**

PROVISIONAL BALLOT REPORT

Precinct/Vote Center	Regular Provisional Ballots Received	50						
	Conditional Provisional Ballots Received	2						
	TOTAL Provisional Ballots Received	52						
	Regular Provisional Ballots Tabulated	44						
	Conditional Provisional Ballots Tabulated	0						
	TOTAL Provisional Ballots Tabulated	44						
	SUBTOTAL of Ballots NOT Tabulated	6						
	Not Eligible/Wrong Party	3						
	Not Registered	3						
	Other - Registered after cut-off date	0						
	Regular Provisional Ballots Rejected	0						
	Conditional Provisional Ballots Rejected	0						
	TOTAL Provisional Ballots Rejected	0						
Total All Vote Centers/Polling Places								

We hereby certify that the above results are true and correct

Richard Lunt, Chairman	Derek Rapier, Clerk of the Board	
David Gomez, Member	Date: August 13, 2020	
Ron Campbell, Member		

**GREENLEE COUNTY, ARIZONA
2020 PRIMARY ELECTION CANVASS
August 4, 2020**

Partisan Ballots Requested by Other Voters

Party	Number of Ballots Requested by Party Members	Total Number of Ballots Requested	Number of Partisan Ballots Requested by OTH Voters
DEM	766	835	69
LBT	1	1	0
REP	647	734	87
Total Number of Partisan Ballots Requested by OTH Voters Across All Parties			156

**GREENLEE COUNTY, ARIZONA
2020 PRIMARY ELECTION CANVASS
August 4, 2020**

POLL WORKER TRAINING REPORT

Precinct/Vote Center	# of Inspectors	# of Marshals	# of Judges	# of Clerks	# of Others (Translators-Troubleshooters)	Total # Trained	# of those trained who are "premium" Board Workers	# of those trained who worked Election Day	Total # of poll workers who worked Election Day	# of ePoll Books used at the Polls	# of Provisional Ballots Counted
Vote Center 1 - Morenci	1	1	2	2	0	6	0	6	6	1	19
Vote Center 2 - Clifton	1	1	2	2	0	6	0	6	6	1	14
Vote Center 3 - Duncan	1	1	2	2	0	6	0	6	6	1	11
Precinct 1 - Eagle	1	0	2	0	0	3	0	3	3	1 - Signature Roster	0
Precinct 2 - Blue	1	0	2	0	0	3	0	3	3	1 - Signature Roster	0

**GREENLEE COUNTY, ARIZONA
2020 PRIMARY ELECTION CANVASS
August 4, 2020**

VOTER EDUCATION REPORT

Information	2018	2020
Voter Turnout	33.31%	34.26%
Number of Early Ballots Requested	2201	2510
Number of Early Ballots Voted	1165	1312
Number of Provisional Ballots Voted	27	44
Number of Public Service Announcements	N/A	N/A
Number of Seminars Providing Education	N/A	N/A
Number of Locations Where Voting Equipment is on Public Display	1	1
Length of Time Voting Systems Were on Public Display	30 days	30 days
Number of Voter Education and Voter Outreach Initiatives	0	0

Description of voter education and voter outreach initiatives	Estimated Cost	Participation
None	\$0.00	0

001 Eagle

Statistics

	TOTAL	Election Day	Early Vote	Provisional s
Registered Voters - Total	16			
Registered Voters - Republican	12			
Registered Voters - Democratic	1			
Registered Voters - Libertarian	0			
Registered Voters - Nonpartisan	3			
Ballots Cast - Total	9	1	8	0
Ballots Cast - Republican	8	1	7	0
Ballots Cast - Democratic	1	0	1	0
Ballots Cast - Libertarian	0	0	0	0
Ballots Cast - Nonpartisan	0	0	0	0
Ballots Cast - Blank	0	0	0	0
Voter Turnout - Total	56.25%			
Voter Turnout - Republican	66.67%			
Voter Turnout - Democratic	100.00%			
Voter Turnout - Libertarian	0.00%			
Voter Turnout - Nonpartisan	0.00%			

REP U.S. Senator

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
MCCARTHY, DANIEL "DEMAND DANIEL"	1	12.50%	0	1	0
MCSALLY, MARTHA	7	87.50%	1	6	0
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	8	100.00%	1	7	0

REP U.S. Representative in Congress Dist 1

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
REIDHEAD, NOLAN	3	37.50%	0	3	0
SHEDD, TIFFANY	5	62.50%	1	4	0
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	8	100.00%	1	7	0

REP State Senator Dist. 14

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
GOWAN, DAVID	6	100.00%	1	5	0
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	6	100.00%	1	5	0

001 Eagle

REP State Representative Dist. 14

Vote For 2

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
GRIFFIN, GAIL	6	46.15%	1	5	0
NUTT, BECKY	7	53.85%	0	7	0
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	13	100.00%	1	12	0

REP Corporation Commissioner

Vote For 3

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
MARQUEZ PETERSON, LEA	6	50.00%	1	5	0
SLOAN, ERIC	6	50.00%	1	5	0
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	12	100.00%	2	10	0

REP Board of Supervisors Dist. 2

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	1	100.00%	0	1	0
Total Votes Cast	1	100.00%	0	1	0

REP County Attorney

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

REP County Sheriff

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
SUMNER, TIM	7	100.00%	1	6	0
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	7	100.00%	1	6	0

REP County Treasurer

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

REP County School Superintendent

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

001 Eagle

REP County Recorder

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

REP County Assessor

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

DEM U.S. Senator

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
KELLY, MARK	0		0	0	0
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

DEM U.S. Representative in Congress Dist 1

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
O'HALLERAN, TOM	0	0.00%	0	0	0
PUTZOVA, EVA	1	100.00%	0	1	0
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	1	100.00%	0	1	0

DEM State Senator Dist. 14

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
KARP, BOB	0		0	0	0
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

DEM State Representative Dist. 14

Vote For 2

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
BEACH - MOSCHETTI, KIMBERLY "KIM"	1	100.00%	0	1	0
MAESTAS-CONDOS, RONNIE	0	0.00%	0	0	0
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	1	100.00%	0	1	0

001 Eagle

DEM Corporation Commissioner

Vote For 3

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
MUNDELL, WILLIAM "BILL"	1	33.33%	0	1	0
STANFIELD, SHEA	1	33.33%	0	1	0
TOVAR, ANNA	1	33.33%	0	1	0
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	3	100.00%	0	3	0

DEM Board of Supervisors Dist. 2

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

DEM County Attorney

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

DEM County Sheriff

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
AVILA, LARRY	0		0	0	0
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

DEM County Treasurer

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

DEM County School Superintendent

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
BOLING, BRYAN	1	100.00%	0	1	0
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	1	100.00%	0	1	0

DEM County Recorder

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

001 Eagle

DEM County Assessor

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

LBT U.S. Senator

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

LBT U.S. Representative in Congress Dist 1

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

LBT State Senator Dist. 14

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

LBT State Representative Dist. 14

Vote For 2

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

LBT Corporation Commissioner

Vote For 3

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

002 Blue

Statistics

	TOTAL	Election Day	Early Vote	Provisional s
Registered Voters - Total	32			
Registered Voters - Republican	18			
Registered Voters - Democratic	6			
Registered Voters - Libertarian	0			
Registered Voters - Nonpartisan	8			
Ballots Cast - Total	26	8	18	0
Ballots Cast - Republican	20	5	15	0
Ballots Cast - Democratic	6	3	3	0
Ballots Cast - Libertarian	0	0	0	0
Ballots Cast - Nonpartisan	0	0	0	0
Ballots Cast - Blank	0	0	0	0
Voter Turnout - Total	81.25%			
Voter Turnout - Republican	111.11%			
Voter Turnout - Democratic	100.00%			
Voter Turnout - Libertarian	0.00%			
Voter Turnout - Nonpartisan	0.00%			

REP U.S. Senator

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
MCCARTHY, DANIEL "DEMAND DANIEL"	1	5.00%	1	0	0
MCSALLY, MARTHA	19	95.00%	4	15	0
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	20	100.00%	5	15	0

REP U.S. Representative in Congress Dist 1

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
REIDHEAD, NOLAN	4	20.00%	2	2	0
SHEDD, TIFFANY	16	80.00%	3	13	0
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	20	100.00%	5	15	0

REP State Senator Dist. 14

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
GOWAN, DAVID	16	100.00%	4	12	0
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	16	100.00%	4	12	0

002 Blue

REP State Representative Dist. 14

Vote For 2

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
GRIFFIN, GAIL	14	50.00%	5	9	0
NUTT, BECKY	14	50.00%	4	10	0
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	28	100.00%	9	19	0

REP Corporation Commissioner

Vote For 3

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
MARQUEZ PETERSON, LEA	12	42.86%	5	7	0
SLOAN, ERIC	16	57.14%	4	12	0
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	28	100.00%	9	19	0

REP Board of Supervisors Dist. 2

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

REP County Attorney

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

REP County Sheriff

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
SUMNER, TIM	18	100.00%	5	13	0
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	18	100.00%	5	13	0

REP County Treasurer

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

REP County School Superintendent

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

002 Blue

REP County Recorder

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

REP County Assessor

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

DEM U.S. Senator

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
KELLY, MARK	4	100.00%	2	2	0
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	4	100.00%	2	2	0

DEM U.S. Representative in Congress Dist 1

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
O'HALLERAN, TOM	5	83.33%	3	2	0
PUTZOVA, EVA	1	16.67%	0	1	0
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	6	100.00%	3	3	0

DEM State Senator Dist. 14

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
KARP, BOB	3	100.00%	1	2	0
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	3	100.00%	1	2	0

DEM State Representative Dist. 14

Vote For 2

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
BEACH - MOSCHETTI, KIMBERLY "KIM"	5	62.50%	3	2	0
MAESTAS-CONDOS, RONNIE	3	37.50%	1	2	0
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	8	100.00%	4	4	0

002 Blue

DEM Corporation Commissioner

Vote For 3

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
MUNDELL, WILLIAM "BILL"	4	40.00%	1	3	0
STANFIELD, SHEA	3	30.00%	1	2	0
TOVAR, ANNA	3	30.00%	1	2	0
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	10	100.00%	3	7	0

DEM Board of Supervisors Dist. 2

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

DEM County Attorney

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

DEM County Sheriff

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
AVILA, LARRY	5	100.00%	2	3	0
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	5	100.00%	2	3	0

DEM County Treasurer

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

DEM County School Superintendent

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
BOLING, BRYAN	6	100.00%	3	3	0
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	6	100.00%	3	3	0

DEM County Recorder

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

002 Blue

DEM County Assessor

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

LBT U.S. Senator

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

LBT U.S. Representative in Congress Dist 1

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

LBT State Senator Dist. 14

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

LBT State Representative Dist. 14

Vote For 2

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

LBT Corporation Commissioner

Vote For 3

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

003 Clifton 1

Statistics

	TOTAL	Election Day	Early Vote	Provisionals
Registered Voters - Total	961			
Registered Voters - Republican	220			
Registered Voters - Democratic	488			
Registered Voters - Libertarian	4			
Registered Voters - Nonpartisan	249			
Ballots Cast - Total	341	44	291	6
Ballots Cast - Republican	92	13	74	5
Ballots Cast - Democratic	249	31	217	1
Ballots Cast - Libertarian	0	0	0	0
Ballots Cast - Nonpartisan	0	0	0	0
Ballots Cast - Blank	0	0	0	0
Voter Turnout - Total	35.48%			
Voter Turnout - Republican	41.82%			
Voter Turnout - Democratic	51.02%			
Voter Turnout - Libertarian	0.00%			
Voter Turnout - Nonpartisan	0.00%			

REP U.S. Senator

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
MCCARTHY, DANIEL "DEMAND DANIEL"	24	26.97%	5	18	1
MCSALLY, MARTHA	62	69.66%	8	50	4
Write-In Totals	3	3.37%	0	3	0
Total Votes Cast	89	100.00%	13	71	5

REP U.S. Representative in Congress Dist 1

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
REIDHEAD, NOLAN	40	47.06%	10	27	3
SHEDD, TIFFANY	45	52.94%	3	40	2
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	85	100.00%	13	67	5

REP State Senator Dist. 14

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
GOWAN, DAVID	80	100.00%	12	63	5
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	80	100.00%	12	63	5

003 Clifton 1

REP State Representative Dist. 14

Vote For 2

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
GRIFFIN, GAIL	54	44.63%	12	38	4
NUTT, BECKY	67	55.37%	11	53	3
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	121	100.00%	23	91	7

REP Corporation Commissioner

Vote For 3

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
MARQUEZ PETERSON, LEA	54	43.90%	10	41	3
SLOAN, ERIC	62	50.41%	11	47	4
Write-In Totals	7	5.69%	1	5	1
Total Votes Cast	123	100.00%	22	93	8

REP Board of Supervisors Dist. 1

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	36	100.00%	7	28	1
Total Votes Cast	36	100.00%	7	28	1

REP County Attorney

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	13	100.00%	1	12	0
Total Votes Cast	13	100.00%	1	12	0

REP County Sheriff

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
SUMNER, TIM	65	76.47%	6	55	4
Write-In Totals	20	23.53%	7	12	1
Total Votes Cast	85	100.00%	13	67	5

REP County Treasurer

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	9	100.00%	1	8	0
Total Votes Cast	9	100.00%	1	8	0

REP County School Superintendent

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	20	100.00%	3	17	0
Total Votes Cast	20	100.00%	3	17	0

003 Clifton 1

REP County Recorder

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
Write-In Totals	10	100.00%	1	9	0
Total Votes Cast	10	100.00%	1	9	0

REP County Assessor

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
Write-In Totals	18	100.00%	2	16	0
Total Votes Cast	18	100.00%	2	16	0

DEM U.S. Senator

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
KELLY, MARK	215	98.17%	25	190	0
Write-In Totals	4	1.83%	1	3	0
Total Votes Cast	219	100.00%	26	193	0

DEM U.S. Representative in Congress Dist 1

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
O'HALLERAN, TOM	132	61.97%	16	116	0
PUTZOVA, EVA	77	36.15%	10	67	0
Write-In Totals	4	1.88%	1	3	0
Total Votes Cast	213	100.00%	27	186	0

DEM State Senator Dist. 14

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
KARP, BOB	190	96.94%	25	165	0
Write-In Totals	6	3.06%	1	5	0
Total Votes Cast	196	100.00%	26	170	0

DEM State Representative Dist. 14

Vote For 2

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
BEACH - MOSCHETTI, KIMBERLY "KIM"	165	47.97%	22	143	0
MAESTAS-CONDOS, RONNIE	173	50.29%	21	152	0
Write-In Totals	6	1.74%	2	4	0
Total Votes Cast	344	100.00%	45	299	0

003 Clifton 1

DEM Corporation Commissioner

Vote For 3

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
MUNDELL, WILLIAM "BILL"	161	33.33%	21	140	0
STANFIELD, SHEA	143	29.61%	22	121	0
TOVAR, ANNA	176	36.44%	22	154	0
Write-In Totals	3	0.62%	2	1	0
Total Votes Cast	483	100.00%	67	416	0

DEM Board of Supervisors Dist. 1

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
CASTANEDA, NICK	86	36.44%	11	75	0
GOMEZ, DAVID	124	52.54%	15	108	1
Write-In Totals	26	11.02%	5	21	0
Total Votes Cast	236	100.00%	31	204	1

DEM County Attorney

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
Write-In Totals	13	100.00%	4	9	0
Total Votes Cast	13	100.00%	4	9	0

DEM County Sheriff

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
AVILA, LARRY	180	88.24%	19	161	0
Write-In Totals	24	11.76%	7	17	0
Total Votes Cast	204	100.00%	26	178	0

DEM County Treasurer

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
Write-In Totals	16	100.00%	5	11	0
Total Votes Cast	16	100.00%	5	11	0

DEM County School Superintendent

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
BOLING, BRYAN	189	97.93%	21	167	1
Write-In Totals	4	2.07%	1	3	0
Total Votes Cast	193	100.00%	22	170	1

003 Clifton 1

DEM County Recorder

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	11	100.00%	2	9	0
Total Votes Cast	11	100.00%	2	9	0

DEM County Assessor

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	15	100.00%	5	10	0
Total Votes Cast	15	100.00%	5	10	0

LBT U.S. Senator

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

LBT U.S. Representative in Congress Dist 1

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

LBT State Senator Dist. 14

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

LBT State Representative Dist. 14

Vote For 2

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

LBT Corporation Commissioner

Vote For 3

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

003 Clifton 1

Council Member Clifton

Vote For 4

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
JAMES, ANTHONY	222	33.48%	33	186	3
MONTOYA, LUIS	229	34.54%	32	193	4
WEST, RAY	197	29.71%	34	158	5
Write-In Totals	15	2.26%	9	6	0
Total Votes Cast	663	100.00%	108	543	12

004 Clifton 2

Statistics

	TOTAL	Election Day	Early Vote	Provisionals
Registered Voters - Total	571			
Registered Voters - Republican	143			
Registered Voters - Democratic	290			
Registered Voters - Libertarian	2			
Registered Voters - Nonpartisan	136			
Ballots Cast - Total	279	28	244	7
Ballots Cast - Republican	83	17	61	5
Ballots Cast - Democratic	196	11	183	2
Ballots Cast - Libertarian	0	0	0	0
Ballots Cast - Nonpartisan	0	0	0	0
Ballots Cast - Blank	0	0	0	0
Voter Turnout - Total	48.86%			
Voter Turnout - Republican	58.04%			
Voter Turnout - Democratic	67.59%			
Voter Turnout - Libertarian	0.00%			
Voter Turnout - Nonpartisan	0.00%			

REP U.S. Senator

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
MCCARTHY, DANIEL "DEMAND DANIEL"	23	28.75%	5	18	0
MCSALLY, MARTHA	56	70.00%	12	40	4
Write-In Totals	1	1.25%	0	1	0
Total Votes Cast	80	100.00%	17	59	4

REP U.S. Representative in Congress Dist 1

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
REIDHEAD, NOLAN	30	38.46%	5	24	1
SHEDD, TIFFANY	46	58.97%	12	31	3
Write-In Totals	2	2.56%	0	2	0
Total Votes Cast	78	100.00%	17	57	4

REP State Senator Dist. 14

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
GOWAN, DAVID	72	100.00%	17	51	4
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	72	100.00%	17	51	4

004 Clifton 2

REP State Representative Dist. 14

Vote For 2

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
GRIFFIN, GAIL	46	40.71%	15	28	3
NUTT, BECKY	67	59.29%	17	47	3
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	113	100.00%	32	75	6

REP Corporation Commissioner

Vote For 3

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
MARQUEZ PETERSON, LEA	45	40.91%	14	27	4
SLOAN, ERIC	59	53.64%	15	40	4
Write-In Totals	6	5.45%	3	2	1
Total Votes Cast	110	100.00%	32	69	9

REP Board of Supervisors Dist. 1

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	16	100.00%	3	12	1
Total Votes Cast	16	100.00%	3	12	1

REP County Attorney

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	7	100.00%	3	3	1
Total Votes Cast	7	100.00%	3	3	1

REP County Sheriff

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
SUMNER, TIM	52	86.67%	13	36	3
Write-In Totals	8	13.33%	2	4	2
Total Votes Cast	60	100.00%	15	40	5

REP County Treasurer

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	6	100.00%	2	3	1
Total Votes Cast	6	100.00%	2	3	1

REP County School Superintendent

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	15	100.00%	5	9	1
Total Votes Cast	15	100.00%	5	9	1

004 Clifton 2

REP County Recorder

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	5	100.00%	3	1	1
Total Votes Cast	5	100.00%	3	1	1

REP County Assessor

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	10	100.00%	3	6	1
Total Votes Cast	10	100.00%	3	6	1

DEM U.S. Senator

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
KELLY, MARK	161	96.99%	6	154	1
Write-In Totals	5	3.01%	1	3	1
Total Votes Cast	166	100.00%	7	157	2

DEM U.S. Representative in Congress Dist 1

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
O'HALLERAN, TOM	104	64.20%	3	100	1
PUTZOVA, EVA	57	35.19%	6	50	1
Write-In Totals	1	0.62%	0	1	0
Total Votes Cast	162	100.00%	9	151	2

DEM State Senator Dist. 14

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
KARP, BOB	141	99.30%	8	131	2
Write-In Totals	1	0.70%	0	1	0
Total Votes Cast	142	100.00%	8	132	2

DEM State Representative Dist. 14

Vote For 2

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
BEACH - MOSCHETTI, KIMBERLY "KIM"	122	50.41%	7	113	2
MAESTAS-CONDOS, RONNIE	119	49.17%	4	113	2
Write-In Totals	1	0.41%	0	1	0
Total Votes Cast	242	100.00%	11	227	4

004 Clifton 2

DEM Corporation Commissioner

Vote For 3

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
MUNDELL, WILLIAM "BILL"	119	34.80%	7	111	1
STANFIELD, SHEA	99	28.95%	6	92	1
TOVAR, ANNA	123	35.96%	6	116	1
Write-In Totals	1	0.29%	0	1	0
Total Votes Cast	342	100.00%	19	320	3

DEM Board of Supervisors Dist. 1

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
CASTANEDA, NICK	76	39.58%	6	70	0
GOMEZ, DAVID	101	52.60%	3	96	2
Write-In Totals	15	7.81%	2	13	0
Total Votes Cast	192	100.00%	11	179	2

DEM County Attorney

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
Write-In Totals	5	100.00%	3	1	1
Total Votes Cast	5	100.00%	3	1	1

DEM County Sheriff

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
AVILA, LARRY	147	89.09%	8	137	2
Write-In Totals	18	10.91%	1	17	0
Total Votes Cast	165	100.00%	9	154	2

DEM County Treasurer

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
Write-In Totals	8	100.00%	3	4	1
Total Votes Cast	8	100.00%	3	4	1

DEM County School Superintendent

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
BOLING, BRYAN	147	97.35%	5	140	2
Write-In Totals	4	2.65%	1	3	0
Total Votes Cast	151	100.00%	6	143	2

004 Clifton 2

DEM County Recorder

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	10	100.00%	3	6	1
Total Votes Cast	10	100.00%	3	6	1

DEM County Assessor

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	11	100.00%	3	7	1
Total Votes Cast	11	100.00%	3	7	1

LBT U.S. Senator

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

LBT U.S. Representative in Congress Dist 1

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

LBT State Senator Dist. 14

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

LBT State Representative Dist. 14

Vote For 2

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

LBT Corporation Commissioner

Vote For 3

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

005 Morenci

Statistics

	TOTAL	Election Day	Early Vote	Provisionals
Registered Voters - Total	1,141			
Registered Voters - Republican	403			
Registered Voters - Democratic	336			
Registered Voters - Libertarian	14			
Registered Voters - Nonpartisan	388			
Ballots Cast - Total	237	49	172	16
Ballots Cast - Republican	134	35	87	12
Ballots Cast - Democratic	102	14	84	4
Ballots Cast - Libertarian	1	0	1	0
Ballots Cast - Nonpartisan	0	0	0	0
Ballots Cast - Blank	1	0	0	1
Voter Turnout - Total	20.77%			
Voter Turnout - Republican	33.25%			
Voter Turnout - Democratic	30.36%			
Voter Turnout - Libertarian	7.14%			
Voter Turnout - Nonpartisan	0.00%			

REP U.S. Senator

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
MCCARTHY, DANIEL "DEMAND DANIEL"	40	30.08%	12	25	3
MCSALLY, MARTHA	91	68.42%	23	60	8
Write-In Totals	2	1.50%	0	2	0
Total Votes Cast	133	100.00%	35	87	11

REP U.S. Representative in Congress Dist 1

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
REIDHEAD, NOLAN	61	46.21%	22	33	6
SHEDD, TIFFANY	68	51.52%	13	51	4
Write-In Totals	3	2.27%	0	2	1
Total Votes Cast	132	100.00%	35	86	11

REP State Senator Dist. 14

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
GOWAN, DAVID	127	98.45%	35	80	12
Write-In Totals	2	1.55%	0	2	0
Total Votes Cast	129	100.00%	35	82	12

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REP State Representative Dist. 14

Vote For 2

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
GRIFFIN, GAIL	91	46.43%	28	55	8
NUTT, BECKY	102	52.04%	33	58	11
Write-In Totals	3	1.53%	1	2	0
Total Votes Cast	196	100.00%	62	115	19

REP Corporation Commissioner

Vote For 3

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
MARQUEZ PETERSON, LEA	94	44.34%	30	54	10
SLOAN, ERIC	101	47.64%	29	61	11
Write-In Totals	17	8.02%	8	4	5
Total Votes Cast	212	100.00%	67	119	26

REP Board of Supervisors Dist. 2

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
Write-In Totals	24	100.00%	10	8	6
Total Votes Cast	24	100.00%	10	8	6

REP County Attorney

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
Write-In Totals	15	100.00%	6	5	4
Total Votes Cast	15	100.00%	6	5	4

REP County Sheriff

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
SUMNER, TIM	101	84.17%	22	68	11
Write-In Totals	19	15.83%	11	8	0
Total Votes Cast	120	100.00%	33	76	11

REP County Treasurer

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
Write-In Totals	14	100.00%	5	5	4
Total Votes Cast	14	100.00%	5	5	4

REP County School Superintendent

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
Write-In Totals	24	100.00%	8	12	4
Total Votes Cast	24	100.00%	8	12	4

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REP County Recorder

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	10	100.00%	3	4	3
Total Votes Cast	10	100.00%	3	4	3

REP County Assessor

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	11	100.00%	2	6	3
Total Votes Cast	11	100.00%	2	6	3

DEM U.S. Senator

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
KELLY, MARK	94	97.92%	14	78	2
Write-In Totals	2	2.08%	0	2	0
Total Votes Cast	96	100.00%	14	80	2

DEM U.S. Representative in Congress Dist 1

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
O'HALLERAN, TOM	57	61.29%	11	45	1
PUTZOVA, EVA	35	37.63%	3	31	1
Write-In Totals	1	1.08%	0	1	0
Total Votes Cast	93	100.00%	14	77	2

DEM State Senator Dist. 14

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
KARP, BOB	87	97.75%	13	72	2
Write-In Totals	2	2.25%	0	2	0
Total Votes Cast	89	100.00%	13	74	2

DEM State Representative Dist. 14

Vote For 2

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
BEACH - MOSCHETTI, KIMBERLY "KIM"	69	48.25%	11	56	2
MAESTAS-CONDOS, RONNIE	71	49.65%	12	56	3
Write-In Totals	3	2.10%	0	3	0
Total Votes Cast	143	100.00%	23	115	5

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DEM Corporation Commissioner

Vote For 3

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
MUNDELL, WILLIAM "BILL"	67	32.68%	10	55	2
STANFIELD, SHEA	58	28.29%	10	46	2
TOVAR, ANNA	77	37.56%	12	63	2
Write-In Totals	3	1.46%	0	3	0
Total Votes Cast	205	100.00%	32	167	6

DEM Board of Supervisors Dist. 2

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	11	100.00%	5	6	0
Total Votes Cast	11	100.00%	5	6	0

DEM County Attorney

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	4	100.00%	3	1	0
Total Votes Cast	4	100.00%	3	1	0

DEM County Sheriff

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
AVILA, LARRY	84	93.33%	12	69	3
Write-In Totals	6	6.67%	1	5	0
Total Votes Cast	90	100.00%	13	74	3

DEM County Treasurer

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	5	100.00%	2	3	0
Total Votes Cast	5	100.00%	2	3	0

DEM County School Superintendent

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
BOLING, BRYAN	82	94.25%	11	69	2
Write-In Totals	5	5.75%	1	4	0
Total Votes Cast	87	100.00%	12	73	2

DEM County Recorder

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	4	100.00%	2	2	0
Total Votes Cast	4	100.00%	2	2	0

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DEM County Assessor

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	4	100.00%	2	2	0
Total Votes Cast	4	100.00%	2	2	0

LBT U.S. Senator

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

LBT U.S. Representative in Congress Dist 1

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

LBT State Senator Dist. 14

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

LBT State Representative Dist. 14

Vote For 2

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

LBT Corporation Commissioner

Vote For 3

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

Council Member Clifton

Vote For 4

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
JAMES, ANTHONY	55	35.26%	14	36	5
MONTOYA, LUIS	52	33.33%	13	34	5
WEST, RAY	41	26.28%	10	27	4
Write-In Totals	8	5.13%	6	1	1
Total Votes Cast	156	100.00%	43	98	15

006 East Plantsite

Statistics

	TOTAL	Election Day	Early Vote	Provisionals
Registered Voters - Total	272			
Registered Voters - Republican	110			
Registered Voters - Democratic	59			
Registered Voters - Libertarian	5			
Registered Voters - Nonpartisan	98			
Ballots Cast - Total	50	9	40	1
Ballots Cast - Republican	33	5	27	1
Ballots Cast - Democratic	17	4	13	0
Ballots Cast - Libertarian	0	0	0	0
Ballots Cast - Nonpartisan	0	0	0	0
Ballots Cast - Blank	0	0	0	0
Voter Turnout - Total	18.38%			
Voter Turnout - Republican	30.00%			
Voter Turnout - Democratic	28.81%			
Voter Turnout - Libertarian	0.00%			
Voter Turnout - Nonpartisan	0.00%			

REP U.S. Senator

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
MCCARTHY, DANIEL "DEMAND DANIEL"	6	18.75%	2	3	1
MCSALLY, MARTHA	25	78.12%	3	22	0
Write-In Totals	1	3.12%	0	1	0
Total Votes Cast	32	100.00%	5	26	1

REP U.S. Representative in Congress Dist 1

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
REIDHEAD, NOLAN	16	48.48%	3	13	0
SHEDD, TIFFANY	16	48.48%	2	13	1
Write-In Totals	1	3.03%	0	1	0
Total Votes Cast	33	100.00%	5	27	1

REP State Senator Dist. 14

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
GOWAN, DAVID	31	96.88%	5	25	1
Write-In Totals	1	3.12%	0	1	0
Total Votes Cast	32	100.00%	5	26	1

006 East Plantsite

REP State Representative Dist. 14

Vote For 2

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
GRIFFIN, GAIL	25	54.35%	5	19	1
NUTT, BECKY	21	45.65%	2	18	1
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	46	100.00%	7	37	2

REP Corporation Commissioner

Vote For 3

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
MARQUEZ PETERSON, LEA	24	48.98%	4	19	1
SLOAN, ERIC	23	46.94%	4	19	0
Write-In Totals	2	4.08%	0	2	0
Total Votes Cast	49	100.00%	8	40	1

REP Board of Supervisors Dist. 2

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
Write-In Totals	1	100.00%	0	1	0
Total Votes Cast	1	100.00%	0	1	0

REP County Attorney

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
Write-In Totals	1	100.00%	0	1	0
Total Votes Cast	1	100.00%	0	1	0

REP County Sheriff

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
SUMNER, TIM	23	85.19%	5	17	1
Write-In Totals	4	14.81%	0	4	0
Total Votes Cast	27	100.00%	5	21	1

REP County Treasurer

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
Write-In Totals	1	100.00%	0	1	0
Total Votes Cast	1	100.00%	0	1	0

REP County School Superintendent

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
Write-In Totals	2	100.00%	1	1	0
Total Votes Cast	2	100.00%	1	1	0

006 East Plantsite

REP County Recorder

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	1	100.00%	0	1	0
Total Votes Cast	1	100.00%	0	1	0

REP County Assessor

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	2	100.00%	0	2	0
Total Votes Cast	2	100.00%	0	2	0

DEM U.S. Senator

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
KELLY, MARK	17	100.00%	4	13	0
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	17	100.00%	4	13	0

DEM U.S. Representative in Congress Dist 1

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
O'HALLERAN, TOM	11	68.75%	2	9	0
PUTZOVA, EVA	5	31.25%	2	3	0
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	16	100.00%	4	12	0

DEM State Senator Dist. 14

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
KARP, BOB	16	100.00%	4	12	0
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	16	100.00%	4	12	0

DEM State Representative Dist. 14

Vote For 2

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
BEACH - MOSCHETTI, KIMBERLY "KIM"	11	47.83%	4	7	0
MAESTAS-CONDOS, RONNIE	12	52.17%	4	8	0
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	23	100.00%	8	15	0

006 East Plantsite

DEM Corporation Commissioner

Vote For 3

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
MUNDELL, WILLIAM "BILL"	11	30.56%	4	7	0
STANFIELD, SHEA	11	30.56%	4	7	0
TOVAR, ANNA	14	38.89%	4	10	0
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	36	100.00%	12	24	0

DEM Board of Supervisors Dist. 2

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
Write-In Totals	3	100.00%	3	0	0
Total Votes Cast	3	100.00%	3	0	0

DEM County Attorney

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
Write-In Totals	1	100.00%	1	0	0
Total Votes Cast	1	100.00%	1	0	0

DEM County Sheriff

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
AVILA, LARRY	13	86.67%	2	11	0
Write-In Totals	2	13.33%	2	0	0
Total Votes Cast	15	100.00%	4	11	0

DEM County Treasurer

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
Write-In Totals	1	100.00%	1	0	0
Total Votes Cast	1	100.00%	1	0	0

DEM County School Superintendent

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
BOLING, BRYAN	13	100.00%	4	9	0
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	13	100.00%	4	9	0

DEM County Recorder

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
Write-In Totals	1	100.00%	1	0	0
Total Votes Cast	1	100.00%	1	0	0

006 East Plantsite

DEM County Assessor

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	1	100.00%	1	0	0
Total Votes Cast	1	100.00%	1	0	0

LBT U.S. Senator

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

LBT U.S. Representative in Congress Dist 1

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

LBT State Senator Dist. 14

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

LBT State Representative Dist. 14

Vote For 2

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

LBT Corporation Commissioner

Vote For 3

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

Council Member Clifton

Vote For 4

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
JAMES, ANTHONY	30	34.48%	5	24	1
MONTOYA, LUIS	30	34.48%	7	22	1
WEST, RAY	24	27.59%	4	19	1
Write-In Totals	3	3.45%	2	1	0
Total Votes Cast	87	100.00%	18	66	3

007 York/Sheldon

Statistics

	TOTAL	Election Day	Early Vote	Provisionals
Registered Voters - Total	726			
Registered Voters - Republican	277			
Registered Voters - Democratic	268			
Registered Voters - Libertarian	3			
Registered Voters - Nonpartisan	178			
Ballots Cast - Total	283	32	246	5
Ballots Cast - Republican	144	24	116	4
Ballots Cast - Democratic	139	8	130	1
Ballots Cast - Libertarian	0	0	0	0
Ballots Cast - Nonpartisan	0	0	0	0
Ballots Cast - Blank	0	0	0	0
Voter Turnout - Total	38.98%			
Voter Turnout - Republican	51.99%			
Voter Turnout - Democratic	51.87%			
Voter Turnout - Libertarian	0.00%			
Voter Turnout - Nonpartisan	0.00%			

REP U.S. Senator

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
MCCARTHY, DANIEL "DEMAND DANIEL"	35	24.82%	4	31	0
MCSALLY, MARTHA	103	73.05%	18	81	4
Write-In Totals	3	2.13%	2	1	0
Total Votes Cast	141	100.00%	24	113	4

REP U.S. Representative in Congress Dist 1

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
REIDHEAD, NOLAN	78	56.12%	14	61	3
SHEDD, TIFFANY	59	42.45%	9	50	0
Write-In Totals	2	1.44%	1	1	0
Total Votes Cast	139	100.00%	24	112	3

REP State Senator Dist. 14

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
GOWAN, DAVID	121	98.37%	22	96	3
Write-In Totals	2	1.63%	1	1	0
Total Votes Cast	123	100.00%	23	97	3

007 York/Sheldon

REP State Representative Dist. 14

Vote For 2

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
GRIFFIN, GAIL	104	47.06%	20	80	4
NUTT, BECKY	113	51.13%	22	88	3
Write-In Totals	4	1.81%	3	1	0
Total Votes Cast	221	100.00%	45	169	7

REP Corporation Commissioner

Vote For 3

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
MARQUEZ PETERSON, LEA	83	40.10%	21	61	1
SLOAN, ERIC	109	52.66%	20	85	4
Write-In Totals	15	7.25%	9	6	0
Total Votes Cast	207	100.00%	50	152	5

REP Board of Supervisors Dist. 3

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
MENGES, SUZANNE	110	94.02%	21	87	2
Write-In Totals	7	5.98%	0	7	0
Total Votes Cast	117	100.00%	21	94	2

REP County Attorney

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	9	100.00%	5	3	1
Total Votes Cast	9	100.00%	5	3	1

REP County Sheriff

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
SUMNER, TIM	91	81.25%	15	75	1
Write-In Totals	21	18.75%	5	15	1
Total Votes Cast	112	100.00%	20	90	2

REP County Treasurer

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	8	100.00%	6	2	0
Total Votes Cast	8	100.00%	6	2	0

REP County School Superintendent

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	25	100.00%	7	16	2
Total Votes Cast	25	100.00%	7	16	2

007 York/Sheldon

REP County Recorder

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	12	100.00%	5	7	0
Total Votes Cast	12	100.00%	5	7	0

REP County Assessor

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	21	100.00%	5	16	0
Total Votes Cast	21	100.00%	5	16	0

DEM U.S. Senator

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
KELLY, MARK	117	98.32%	7	109	1
Write-In Totals	2	1.68%	1	1	0
Total Votes Cast	119	100.00%	8	110	1

DEM U.S. Representative in Congress Dist 1

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
O'HALLERAN, TOM	89	71.20%	6	83	0
PUTZOVA, EVA	36	28.80%	2	33	1
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	125	100.00%	8	116	1

DEM State Senator Dist. 14

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
KARP, BOB	104	100.00%	7	96	1
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	104	100.00%	7	96	1

DEM State Representative Dist. 14

Vote For 2

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
BEACH - MOSCHETTI, KIMBERLY "KIM"	83	48.54%	7	75	1
MAESTAS-CONDOS, RONNIE	88	51.46%	8	79	1
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	171	100.00%	15	154	2

007 York/Sheldon

DEM Corporation Commissioner

Vote For 3

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
MUNDELL, WILLIAM "BILL"	84	32.81%	6	77	1
STANFIELD, SHEA	77	30.08%	6	70	1
TOVAR, ANNA	95	37.11%	8	86	1
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	256	100.00%	20	233	3

DEM Board of Supervisors Dist. 3

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	8	100.00%	1	7	0
Total Votes Cast	8	100.00%	1	7	0

DEM County Attorney

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	6	100.00%	1	5	0
Total Votes Cast	6	100.00%	1	5	0

DEM County Sheriff

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
AVILA, LARRY	102	91.89%	6	96	0
Write-In Totals	9	8.11%	1	7	1
Total Votes Cast	111	100.00%	7	103	1

DEM County Treasurer

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	6	100.00%	1	5	0
Total Votes Cast	6	100.00%	1	5	0

DEM County School Superintendent

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
BOLING, BRYAN	93	91.18%	6	87	0
Write-In Totals	9	8.82%	0	8	1
Total Votes Cast	102	100.00%	6	95	1

DEM County Recorder

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	6	100.00%	1	5	0
Total Votes Cast	6	100.00%	1	5	0

007 York/Sheldon

DEM County Assessor

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	8	100.00%	1	6	1
Total Votes Cast	8	100.00%	1	6	1

LBT U.S. Senator

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

LBT U.S. Representative in Congress Dist 1

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

LBT State Senator Dist. 14

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

LBT State Representative Dist. 14

Vote For 2

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

LBT Corporation Commissioner

Vote For 3

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

008 Duncan

Statistics

	TOTAL	Election Day	Early Vote	Provisionals
Registered Voters - Total	864			
Registered Voters - Republican	393			
Registered Voters - Democratic	242			
Registered Voters - Libertarian	6			
Registered Voters - Nonpartisan	223			
Ballots Cast - Total	345	43	293	9
Ballots Cast - Republican	220	35	177	8
Ballots Cast - Democratic	125	8	116	1
Ballots Cast - Libertarian	0	0	0	0
Ballots Cast - Nonpartisan	0	0	0	0
Ballots Cast - Blank	1	0	1	0
Voter Turnout - Total	39.93%			
Voter Turnout - Republican	55.98%			
Voter Turnout - Democratic	51.65%			
Voter Turnout - Libertarian	0.00%			
Voter Turnout - Nonpartisan	0.00%			

REP U.S. Senator

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
MCCARTHY, DANIEL "DEMAND DANIEL"	34	15.89%	8	24	2
MCSALLY, MARTHA	180	84.11%	26	148	6
Write-In Totals	0	0.00%	0	0	0
Total Votes Cast	214	100.00%	34	172	8

REP U.S. Representative in Congress Dist 1

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
REIDHEAD, NOLAN	75	37.88%	12	60	3
SHEDD, TIFFANY	121	61.11%	19	99	3
Write-In Totals	2	1.01%	2	0	0
Total Votes Cast	198	100.00%	33	159	6

REP State Senator Dist. 14

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
GOWAN, DAVID	184	99.46%	31	147	6
Write-In Totals	1	0.54%	1	0	0
Total Votes Cast	185	100.00%	32	147	6

008 Duncan

REP State Representative Dist. 14

Vote For 2

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
GRIFFIN, GAIL	159	47.18%	31	122	6
NUTT, BECKY	176	52.23%	27	142	7
Write-In Totals	2	0.59%	2	0	0
Total Votes Cast	337	100.00%	60	264	13

REP Corporation Commissioner

Vote For 3

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
MARQUEZ PETERSON, LEA	143	45.98%	25	113	5
SLOAN, ERIC	148	47.59%	26	117	5
Write-In Totals	20	6.43%	6	14	0
Total Votes Cast	311	100.00%	57	244	10

REP Board of Supervisors Dist. 3

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
MENGES, SUZANNE	140	92.72%	27	106	7
Write-In Totals	11	7.28%	2	9	0
Total Votes Cast	151	100.00%	29	115	7

REP County Attorney

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
Write-In Totals	5	100.00%	1	4	0
Total Votes Cast	5	100.00%	1	4	0

REP County Sheriff

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
SUMNER, TIM	140	84.34%	22	113	5
Write-In Totals	26	15.66%	6	19	1
Total Votes Cast	166	100.00%	28	132	6

REP County Treasurer

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
Write-In Totals	6	100.00%	1	5	0
Total Votes Cast	6	100.00%	1	5	0

REP County School Superintendent

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
Write-In Totals	9	100.00%	2	7	0
Total Votes Cast	9	100.00%	2	7	0

008 Duncan

REP County Recorder

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	4	100.00%	0	4	0
Total Votes Cast	4	100.00%	0	4	0

REP County Assessor

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	15	100.00%	3	11	1
Total Votes Cast	15	100.00%	3	11	1

DEM U.S. Senator

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
KELLY, MARK	88	89.80%	5	82	1
Write-In Totals	10	10.20%	1	9	0
Total Votes Cast	98	100.00%	6	91	1

DEM U.S. Representative in Congress Dist 1

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
O'HALLERAN, TOM	70	65.42%	4	65	1
PUTZOVA, EVA	36	33.64%	4	32	0
Write-In Totals	1	0.93%	0	1	0
Total Votes Cast	107	100.00%	8	98	1

DEM State Senator Dist. 14

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
KARP, BOB	84	94.38%	3	80	1
Write-In Totals	5	5.62%	1	4	0
Total Votes Cast	89	100.00%	4	84	1

DEM State Representative Dist. 14

Vote For 2

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
BEACH - MOSCHETTI, KIMBERLY "KIM"	69	48.94%	5	63	1
MAESTAS-CONDOS, RONNIE	61	43.26%	3	57	1
Write-In Totals	11	7.80%	3	8	0
Total Votes Cast	141	100.00%	11	128	2

008 Duncan

DEM Corporation Commissioner

Vote For 3

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
MUNDELL, WILLIAM "BILL"	58	28.71%	4	53	1
STANFIELD, SHEA	62	30.69%	4	57	1
TOVAR, ANNA	75	37.13%	6	68	1
Write-In Totals	7	3.47%	0	7	0
Total Votes Cast	202	100.00%	14	185	3

DEM Board of Supervisors Dist. 3

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
Write-In Totals	16	100.00%	1	15	0
Total Votes Cast	16	100.00%	1	15	0

DEM County Attorney

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
Write-In Totals	5	100.00%	1	4	0
Total Votes Cast	5	100.00%	1	4	0

DEM County Sheriff

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
AVILA, LARRY	65	73.86%	5	59	1
Write-In Totals	23	26.14%	1	22	0
Total Votes Cast	88	100.00%	6	81	1

DEM County Treasurer

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
Write-In Totals	7	100.00%	0	7	0
Total Votes Cast	7	100.00%	0	7	0

DEM County School Superintendent

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
BOLING, BRYAN	95	98.96%	6	88	1
Write-In Totals	1	1.04%	0	1	0
Total Votes Cast	96	100.00%	6	89	1

DEM County Recorder

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisionals
Write-In Totals	5	100.00%	0	5	0
Total Votes Cast	5	100.00%	0	5	0

008 Duncan

DEM County Assessor

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	11	100.00%	0	11	0
Total Votes Cast	11	100.00%	0	11	0

LBT U.S. Senator

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

LBT U.S. Representative in Congress Dist 1

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

LBT State Senator Dist. 14

Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

LBT State Representative Dist. 14

Vote For 2

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

LBT Corporation Commissioner

Vote For 3

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
Write-In Totals	0		0	0	0
Total Votes Cast	0		0	0	0

Council Member Duncan

Vote For 2

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
MENDELSON, DEBORAH	93	48.44%	9	81	3
RIOS, SUSAN D.	95	49.48%	8	85	2
Write-In Totals	4	2.08%	0	4	0
Total Votes Cast	192	100.00%	17	170	5

008 Duncan

Proposition 402
Vote For 1

	TOTAL	VOTE %	Election Day	Early Vote	Provisional s
YES	99	73.88%	7	89	3
NO	35	26.12%	5	29	1
Total Votes Cast	134	100.00%	12	118	4

**GREENLEE COUNTY
2020 PRIMARY ELECTION
August 4, 2020**

AUDIT

PRECINCT/VOTE CENTER NAME	1	2	3	4	5	6	7	8	9	10	11
	BALLOTS ISSUED	BALLOTS SPOILED LINE 4 BALLOT REPORT	TOTAL BALLOTS LINE 10 BALLOT REPORT	PROVISIONAL BALLOTS LINE 12 BALLOT REPORT	UNUSED BALLOTS RETURNED LINE 5 + 5A BALLOT REPORT	MANUAL COUNT LINE 1 BALLOT REPORT	TOTAL BALLOTS CAST LINE 11 BALLOT REPORT	PROVISIONAL BALLOTS COUNTED	EARLY BALLOTS COUNTED	REJECTED BALLOTS	TOTAL BALLOTS CAST ELECTION SUMMARY REPORT
Eagle	35	0	1	0	34	35	1	0		0	
Blue	56	0	8	0	48	56	8	0		0	
Vote Center 1 - Morenci	652	0	60	23	569	652	60	19		0	
Vote Center 2 - Clifton	652	3	86	15	551	652	86	14		0	
Vote Center 3 - Duncan	652	0	59	16	577	652	59	11		0	
Early Ballots Counted	Early Ballot totals include totals for all ballots cast by voters from any precinct/vote center.										
Total Ballots Cast							214	44	1312	0	1570

**GREENLEE COUNTY
2020 PRIMARY ELECTION
August 4, 2020**

EARLY VOTING AUDIT

A PRECINCT	B BALLOTS ISSUED TO RECORDER	C		D		E	F BALLOTS RETURNED TO ELECTIONS
		FOR VOTING	USED BALLOTS REPLACEMENT	SPOILED			
EAGLE	50	12					38
BLUE	50	21					29
CLIFTON 1	1,250	542	2	2			704
CLIFTON 2	750	361					389
MORENCI	1,150	499	2	2			647
EAST PLANTSITE	490	114					376
YORK/SHELDON	801	443					358
DUNCAN	1,060	518	1	1			540
TOWN OF CLIFTON	151						151
TOWN OF DUNCAN	50						50
TOTALS	5,802	2,510	5	5			3,282

Column F+G-B=C+D+E-G

PROCESSED BY EARLY BOARD					
G	H	I	J	K	L
VOTED BALLOTS RECEIVED BY EARLY BOARD	BALLOTS REJECTED	BALLOTS TO BE COUNTED	EARLY BALLOTS COUNTED		
1,312	0	1,312	1,312		

Column G-H = I

DEREK RAPIER
County Administrator
(928) 865-2072

FACSIMILE (928) 865-9332



DAVID GOMEZ
District 1

RON CAMPBELL
District 2

RICHARD LUNT
District 3

BOARD OF SUPERVISORS
P.O. BOX 908
253 5TH STREET
CLIFTON, AZ 85533

August 13, 2020

The Honorable Katie Hobbs
Secretary of State
1700 West Washing Street, 7th floor
Phoenix, AZ 85007

Dear Secretary Hobbs,

The Hand Count of precinct voted ballots and the Audit of early voted ballots were not conducted in Greenlee County for the 2020 Primary Election held on August 4, 2020.

Pursuant to ARS §16-602(B)(7), the County political Party Chairman shall designate and provide the number of required Hand Count and Audit board members. Not enough board member names were submitted; therefore, the Hand Count and Early Ballot Audit were not conducted.

Sincerely,

Bianca Figueroa
Elections Director
Greenlee County

GREENLEE COUNTY BOARD OF SUPERVISORS
AGENDA INFORMATION FORM



MEETING DATE: 08/13/2020
DEPARTMENT: SHRIF

REQUESTED BY: LT. JEROMY VAUGHN
TELEPHONE #: 928-865-4149

1. Insert brief description of proposal and requested Board action:

CONSIDERATION OF APPROVAL TO CHANGE TANYA KINDLE FROM PART-TIME EMPLOYEE, TO FULL TIME EMPLOYEE IN DISPATCH.

2. Continued from meeting of: _____
Discussed in meeting of: _____

3. Publication requirements:

Does this require publication in the official county newspaper? Yes No
This department to cause publication Clerk of the Board to cause publication

4. Financial Impact:

Expenditure: Is this a budgeted expense? Yes No Project Code #: _____

Fund _____ \$ _____ Actual Not to exceed
Fund _____ \$ _____ Actual Not to exceed

If not budgeted, how will this expense be funded? _____

Grants/Contracts:

Federal State Other _____
CFDA # (Federal grants only) _____ State # _____
Fund _____ \$ _____
Matching funds required? Yes No Fund _____ \$ _____

5. Legal Review: Does this item require County Attorney review and approval as to form and within powers granted under the laws of the State of Arizona to the Greenlee County Board of Supervisors?

Yes No

Date of County Attorney approval: _____

6. Board of Supervisors action taken:

Approved Amended Disapproved Tabled

Original backup documentation must accompany this form!



GREENLEE COUNTY EMPLOYEE TRANSACTION FORM

This form must be completed, including signatures, before any action regarding an employee's status can take effect.

SECTION 1: Employee Information

Kindle	Tanya	A
Last Name	First Name	Middle Initial
PO Box 992	Clifton	AZ
Mailing Address	City	State Zip

SECTION 2: Transaction Information

EFFECTIVE DATE: 08/09/2020

HIRES:	CHANGES:	SEPARATION:
New Hire – Full Time <input checked="" type="checkbox"/>	Promotion <input type="checkbox"/>	Resignation <input type="checkbox"/>
New Hire – Part Time <input type="checkbox"/>	Demotion <input type="checkbox"/>	Retirement <input type="checkbox"/>
Temporary (explain) <input type="checkbox"/>	Raise <input type="checkbox"/>	Terminated <input type="checkbox"/>
	Other (explain below) <input type="checkbox"/>	End of Contract <input type="checkbox"/>
		Other (explain below) <input type="checkbox"/>

COMMENTS: _____

Employee's Current Status	Proposed: New Hire, Change
<u>Dispatcher- Part time</u> <small>Position Title</small>	<u>Dispatcher -Full time</u> <small>Position Title</small>
<u>Greenlee County Sheriff's Office</u> <small>Department</small>	<u>Greenlee County Sheriff's Office</u> <small>Department</small>
Non-Exempt <input checked="" type="checkbox"/> Hourly Rate <u>\$ 15.02</u>	Non-Exempt <input checked="" type="checkbox"/> Hourly Rate <u>\$ 15.02</u>
Exempt <input type="checkbox"/> Annual Rate <u>\$</u>	Exempt <input type="checkbox"/> Annual Rate <u>\$</u>

SECTION 3: POSITION FUNDING INFORMATION

FUND	PROGRAM CODE	OBJECT CODE	PAY LEVEL	%	AMOUNT
101	019	5218		100	\$15.02

SECTION 4: SIGNATURES (REQUIRED)

<p><u>Tanya A Kindle</u> <small>Employee Signature</small></p> <p><u>Aug 09 2020</u> <small>Date</small></p> <p>_____ <small>Chairman of the Board of Supervisors</small></p>	<p><u>[Signature]</u> <small>Elected/Appointed Official</small></p> <p><u>8/9/20</u> <small>Date</small></p> <p>_____ <small>Date</small></p>
--	--

For Office Use Only: (Payroll)

Date Entered: _____ By: _____

**GREENLEE COUNTY BOARD OF SUPERVISORS
AGENDA INFORMATION FORM**



MEETING DATE: September 1, 2020 REQUESTED BY: Steve Rutherford
DEPARTMENT: Health TELEPHONE #: 928-865-2601

1. Insert brief description of proposal and requested Board action:

Consideration of Approval of the Intergovernmental Agreement (IGA) Between Arizona Department of Health Services and Greenlee County Health Department for ADHS Contract No. 2020-039 Title V Maternal and Child Health Health Arizona Families.

2. Continued from meeting of: _____

Discussed in meeting of: _____

3. Publication requirements:

Does this require publication in the official county newspaper? Yes No
This department to cause publication Clerk of the Board to cause publication

4. Financial Impact:

Expenditure: Is this a budgeted expense? Yes No Project Code #: _____

Fund _____ \$ _____ Actual Not to exceed
Fund _____ \$ _____ Actual Not to exceed

If not budgeted, how will this expense be funded? _____

Grants/Contracts:

Federal State Other _____
CFDA # (Federal grants only) _____ 93.994 State # _____

Fund 222-052 \$ _____
Matching funds required? Yes No Fund _____ \$ _____

5. Legal Review: Does this item require County Attorney review and approval as to form and within powers granted under the laws of the State of Arizona to the Greenlee County Board of Supervisors?

Yes No

Date of County Attorney approval: 8/11/2020

6. Board of Supervisors action taken:

Approved Amended Disapproved Tabled

Original backup documentation must accompany this form!

**County Attorney
Document Approval Request
Cover Page**

County Administrator approval	YES
Email & hard copy submitted to Attorney	Hard copy only
Document information/purpose	<u>Title V Maternal and Child Health Healthy Arizona</u>
Concerns/Issues	<u>None</u>
Is this a renewal of a previously approved document	YES
Are there changes to the renewal	NO
Describe changes and where they are located in the document	Click here to enter text.
Timeframe for document approval	Tuesday, September 01, 2020
Submitted by:	Steve Rutherford
Date submitted	8/7/2020

(Example wording for further information to the County Attorney)

This agreement is scheduled to be on the agenda for the September 1, Board meeting pending attorney approval.

Thank you.

Steve Rutherford



INTERGOVERNMENTAL AGREEMENT (IGA)

CONTRACT No.: IGA2020-039

ARIZONA DEPARTMENT OF HEALTH SERVICES
150 North 18th Avenue, Suite 530
Phoenix, Arizona 85007

Project Title: Title V Maternal and Child Health Healthy Arizona Families Begin Date: July 1, 2020

Geographic Service Area: Greenlee County Termination Date: June 30, 2025

Arizona Department of Health Services has authority to contract for services specified herein in accordance with A.R.S. §§ 11-951, 11-952, 36-104 and 36-132. The Contractor represents that it has authority to contract for the performance of the services provided herein pursuant to:

- Counties: A.R.S. §§ 11-201, 11-951, 11-952 and 36-182.
- Indian Tribes: A.R.S. §§ 11-951, 11-952 and the rules and sovereign authority of the contracting Indian Nation.
- School Districts: A.R.S. §§ 11-951, 11-952, and 15-342.
- City of Phoenix: Chapter II, §§ 1 & 2, Charter, City of Phoenix.
- City of Tempe: Chapter 1, Article 1, §§ 1.01 & 1.03, Charter, City of Tempe.

Amendments signed by each of the parties and attached hereto are hereby adopted by reference as a part of this Contract, from the effective date of the Amendment, as if fully set out herein.

Arizona Transaction (Sales) Privilege: _____ Federal Employer Identification No.: <u>86-6000461</u> Tax License No.: _____ Contractor Name: Greenlee County Address: PO BOX 936 CLIFTON, Arizona 85533	FOR CLARIFICATION, CONTACT: Name: <u>STEVE RUTHERFORD</u> Phone: _____ FAX No: _____ E-mail: <u>SRUTHERFORD@CO.GREENLEE.AZ.US</u>				
CONTRACTOR SIGNATURE: The Contractor agrees to perform all the services set forth in the Agreement and Work Statement.	This Contract shall henceforth be referred to as Contract No. IGA2020-039 . The Contractor is hereby cautioned not to commence any billable work or provide any material, service or construction under this Contract until Contractor receives a fully executed copy of the Contract.				
<table border="0"> <tr> <td style="text-align: right;">Signature of Person Authorized to Sign</td> <td style="text-align: right;">Date</td> </tr> <tr> <td style="text-align: right;"><u><i>Steve Rutherford</i></u></td> <td style="text-align: right;"><u>8/07/20</u></td> </tr> </table>	Signature of Person Authorized to Sign	Date	<u><i>Steve Rutherford</i></u>	<u>8/07/20</u>	State of Arizona Signed this _____ day of _____, 20____ Procurement Officer
Signature of Person Authorized to Sign	Date				
<u><i>Steve Rutherford</i></u>	<u>8/07/20</u>				
CONTRACTOR ATTORNEY SIGNATURE: Pursuant to A.R.S. § 11-952, the undersigned Contractor's Attorney has determined that this Intergovernmental Agreement is in proper form and is within the powers and authority granted under the laws of Arizona. <u><i>Robert Gilliland</i></u> <u>8/11/20</u> <table border="0"> <tr> <td style="text-align: right;">Signature of Person Authorized to Sign</td> <td style="text-align: right;">Date</td> </tr> <tr> <td style="text-align: right;"><u><i>Robert Gilliland</i></u> <u>#025196</u></td> <td style="text-align: right;"><u>8/11/20</u></td> </tr> </table> Print Name and Title <u>for</u> <u>Jeremy Ford</u> <u>Greenlee County Attorney</u>	Signature of Person Authorized to Sign	Date	<u><i>Robert Gilliland</i></u> <u>#025196</u>	<u>8/11/20</u>	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 General, who has determined that it is in the proper form and is within the powers granted under the laws of the State of Arizona to those parties to the Agreement represented by the Attorney General. The Attorney General, BY: Signature _____ Date _____ Assistant Attorney General:
Signature of Person Authorized to Sign	Date				
<u><i>Robert Gilliland</i></u> <u>#025196</u>	<u>8/11/20</u>				

CONTRACT NUMBER	INTERGOVERNMENTAL AGREEMENT TERMS AND CONDITIONS
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1. Definition of Terms. As used in this Contract, the terms listed below are defined as follows:

- 1.1 "Attachment" means any document attached to the Contract and incorporated into the Contract.
- 1.2 "ADHS" means Arizona Department of Health Services.
- 1.3 "Budget Term" means the period of time for which the contract budget has been created and during which funds should be expended.
- 1.4 "Change Order" means a written order that is signed by a Procurement Officer and that directs the Contractor to make changes authorized by the Uniform Terms and Conditions of the Contract.
- 1.5 "Contract" means the combination of the Uniform and Special Terms and Conditions, the Specifications and Statement or Scope of Work, Attachments, Referenced Documents, any Contract Amendments and any terms applied by law.
- 1.6 "Contract Amendment" means a written document signed by the Procurement Officer and the Contractor that is issued for the purpose of making changes in the Contract.
- 1.7 "Contractor" means any person who has a Contract with the Arizona Department of Health Services.
- 1.8 "Cost Reimbursement" means a contract under which a contractor is reimbursed for costs, which are reasonable, allowable and allocable in accordance with the contract terms and approved by ADHS.
- 1.9 "Days" means calendar days unless otherwise specified.
- 1.10 "Emerging Issues" are projects and/or strategies that become prominent and/or are unique to a particular County.
- 1.11 "Evidence-Based Strategies" are strategies that explicitly link public health or clinical practice recommendation to scientific evidence of the effectiveness and/or other characteristics of such practices. (Reference: Community Guide: <http://www.thecommunityguide.org/>) Evidence based public health practice is the careful, intentional and sensible use of current best scientific evidence in making decisions about the choice and application of public health interventions. (Reference: Community Commons <http://www.communitycommons.org/>)
- 1.12 "Evidence-informed" means interventions, strategies, approaches, and/or program models that bring together the best available research, professional expertise, and input from participants to identify and deliver services that have promise to achieve positive outcomes.
- 1.13 "Gratuity" means a payment, loan, subscription, advance, deposit of money, services, or anything of more than nominal value, present or promised, unless

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consideration of substantially equal or greater value is received.

- 1.14 "Materials" unless otherwise stated herein, means all property, including but not limited to equipment, supplies, printing, insurance and leases of property.
- 1.15 "MCH HAF" means the ADHS issued Title V Maternal and Child Health Healthy Arizona Families Intergovernmental Agreement. This IGA was developed to facilitate collaboration, coordination, and communication between the Contractors/Local Health Departments and ADHS to improve the health and well-being Arizona's women and children.
- 1.16 "May" means the Contractor is encouraged to utilize recommended policy in order to fulfill the intent of the contract
- 1.17 "Must" means a mandatory Program policy considered essential to the provision of high quality services. A Contractor who does not follow a required Program policy will be cited for this failure.
- 1.18 "National Performance Measures Framework" means a structure that enables states to demonstrate the impact of Title V on selected health outcomes within the state. The framework contains three levels of measure:
 - 1) National Outcome Measures (NOMs) intended to represent the desired result of Title V program activities and interventions. These measures for improved health are longer-term than National Performance Measures.
 - 2) National Performance Measures intended to drive improved outcomes relative to one or more indicators of health status (i.e., NOMs) for the MCH population.
 - 3) Evidence based/informed strategy measures (ESMs) intended to hold states accountable for improving quality and performance related to the NPMs and related public health issues. ESMs will assist state efforts to more directly measure the impact of specific strategies on the NPMs.
- 1.19 "Procurement Officer" means the person duly authorized by the State to enter into, administer Contracts, and make written determinations with respect to the Contract.
- 1.20 "Program Manager" means the ADHS employee who is responsible for the implementation and oversight of the specific programs within the MCH HAF IGA. The Program Manager coordinates activities among Contractors and among ADHS staff, receives and reconciles invoices, handles budget issues, and provides technical support. The Program Manager is responsible for negotiating contracts, requesting contract amendments to be processed by the Procurement Office, conducting site visits, and monitoring Contractor compliance with the provisions of the contract.
- 1.21 "Purchase Order" means a written document that is signed by a Procurement Officer, that requests a vendor to deliver described goods or services at a specific price and that, on delivery and acceptance of the goods or services by ADHS, becomes an obligation of the State.
- 1.22 "SOW" means Scope of Work, which is the area in an agreement where

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the work to be performed is described. The SOW should contain any milestones, reports, deliverables, and end products that are expected to be provided by the performing party

- 1.23 "Services" means the furnishing of labor, time or effort by a Contractor or Subcontractor.
- 1.24 "Site Visit" means any visit to the Contractor's or Sub-contractor's business location by ADHS MCH HAFIGA Program staff or a designee, once per year.
- 1.25 "Subcontract" means any contract, express or implied, between the Contractor and another party or between a subcontractor and another party delegating or assigning, in whole or in part, the making or furnishing of any material or any service required for the performance of this Contract.
- 1.26 "State" means the State of Arizona, or ADHS. For purposes of this Contract, the term "State" shall not include the Contractor.

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2. CONTRACT TYPE:

This Contract shall be:

COST REIMBURSEMENT

3. CONTRACT INTERPRETATION:

- 3.1. Arizona Law. The law of Arizona applies to this Contract including, where applicable, the Uniform Commercial Code as adopted by the State of Arizona.
- 3.2. Implied Contract Terms. Each provision of law and any terms required by law to be in this Contract are a part of this Contract as if fully stated in it.
- 3.3. Contract Order of Precedence. In the event of a conflict in the provisions of the Contract, as accepted by the State and as they may be amended, the following shall prevail in the order set forth below:
 - 3.3.1. Terms and Conditions;
 - 3.3.2. Statement or Scope of Work;
 - 3.3.3. Attachments; and
 - 3.3.4. Referenced Documents.
- 3.4. Relationship of Parties. The Contractor under this Contract is an independent Contractor. Neither party to this Contract shall be deemed to be the employee or agent of the other party to the Contract.
- 3.5. Severability. The provisions of this Contract are severable. Any term or condition deemed illegal or invalid shall not affect any other term or condition of the Contract.
- 3.6. No Parole Evidence. This Contract is intended by the parties as a final and complete expression of their agreement. No course of prior dealings between the parties and no usage of the trade shall supplement or explain any terms used in this document.
- 3.7. No Waiver. Either party's failure to insist on strict performance of any term or condition of the Contract shall not be deemed a waiver of that term or condition even if the party accepting or acquiescing in the nonconforming performance knows of the nature of the performance and fails to object to it.
- 3.8. Headings. Headings are for organizational purposes only and shall not be interpreted as having legal significance or meaning.

4. CONTRACT ADMINISTRATION AND OPERATION:

- 4.1. Term. As indicated on the signature page of the Contract, the Contract shall be effective as of the Begin Date and shall remain effective until the Termination Date.
- 4.2. Contract Renewal. This Contract shall not bind, nor purport to bind, the State for any contractual commitment in excess of the original Contract period. The term of the Contract shall not exceed five years. However, if the original Contract period is for less than five years, the State shall have the right, at its sole option, to renew the Contract, so long as the

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original Contract period together with the renewal periods does not exceed five years. If the State exercises such rights, all terms, conditions and provisions of the original Contract shall remain the same and apply during the renewal period with the exception of price and Scope of Work, which may be renegotiated.

- 4.3. New Budget Term. If a budget term has been completed in a multi-term Contract, the parties may agree to change the amount and type of funding to accommodate new circumstances in the next budget term. Any increase or decrease in funding at the time of the new budget term shall coincide with a change in the Scope of Work or change in cost of services as approved by the Arizona Department of Health Services.
- 4.4. Non-Discrimination. The Contractor shall comply with State Executive Order No. 2009-09 and all other applicable Federal and State laws, rules and regulations, including the Americans with Disabilities Act.
- 4.5. Records and Audit. Under A.R.S. § 35-214 and A.R.S. § 35-215, the Contractor shall retain and shall contractually require each subcontractor to retain all data and other records ("records") relating to the acquisition and performance of the Contract for a period of five years after the completion of the Contract. All records shall be subject to inspection and audit by the State and where applicable the Federal Government at reasonable times. Upon request, the Contractor shall produce a legible copy of any or all such records.
- 4.6. Financial Management. For all contracts, the practices, procedures, and standards specified in and required by the Accounting and Auditing Procedures Manual for the ADHS funded programs shall be used by the Contractor in the management of Contract funds and by the State when performing a Contract audit. Funds collected by the Contractor in the form of fees, donations and/or charges for the delivery of these Contract services shall be accounted for in a separate fund.
 - 4.6.1. *Federal Funding.* Contractors receiving federal funds under this Contract shall comply with the certified finance and compliance audit provision of the Office of Management and Budget (OMB) Circular A-133, if applicable. The federal financial assistance information shall be stated in a Change Order or Purchase Order.
 - 4.6.2. *State Funding.* Contractors receiving state funds under this Contract shall comply with the certified compliance provisions of A.R.S. § 35-181.03.
- 4.7. Inspection and Testing. The Contractor agrees to permit access, at reasonable times, to its facilities.
- 4.8. Notices. Notices to the Contractor required by this Contract shall be made by the State to the person indicated on the signature page by the Contractor, unless otherwise stated in the Contract. Notices to the State required by the Contract shall be made by the Contractor to an ADHS Procurement Officer, unless otherwise stated in the Contract. An authorized ADHS Procurement Officer and an authorized Contractor representative may change their respective person to whom notice shall be given by written notice, and an amendment to the Contract shall not be necessary.
- 4.9. Advertising and Promotion of Contract. The Contractor shall not advertise or publish information for commercial benefit concerning this Contract without the prior written approval of an ADHS Procurement Officer.

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4.10. Property of the State.

- 4.10.1. *Equipment.* Except as provided below or otherwise agreed to by the parties, the title to any and all equipment acquired through the expenditure of funds received from the State shall remain the property of the State by and through the ADHS and, as such, shall remain under the sole direction, management and control of the ADHS. When this Contract is terminated, the disposition of all such property shall be determined by the ADHS. For Fixed Price contracts, when the Contractor provides the services/materials required by the Contract, any and all equipment purchased by the Contractor remains the property of the Contractor. All purchases of equipment need to be reported to the ADHS Office of Inventory Control.
- 4.10.2. *Title and Rights to Materials.* As used in this section, the term "Materials" means all products created or produced by the Contractor under this Contract, including, but not limited to: written and electronic information, recordings, reports, research, research findings, conclusions, abstracts, results, software, data and any other intellectual property or deliverables created, prepared, or received by the Contractor in performance of this Contract. Contractor acknowledges that all Materials are the property of the State by and through the ADHS and, as such, shall remain under the sole direction, management and control of the ADHS. The Contractor is not entitled to a patent or copyright on these Materials and may not transfer a patent or copyright on them to any other person or entity. To the extent any copyright in any Materials may originally vest in the Contractor, the Contractor hereby irrevocably transfers to the ADHS, for and on behalf of the State, all copyright ownership. The ADHS shall have full, complete and exclusive rights to reproduce, duplicate, adapt, distribute, display, disclose, publish, release and otherwise use all Materials. The Contractor shall not use or release these Materials without the prior written consent of the ADHS. When this Contract is terminated, the disposition of all such Materials shall be determined by the ADHS. Further, the Contractor agrees to give recognition to the ADHS for its support of any program when releasing or publishing program Materials.
- 4.10.3. *Notwithstanding the above, if the Contractor is a State agency, the following shall apply instead:* It is the intention of ADHS and Contractor that all material and intellectual property developed under this Agreement be used and controlled in ways to produce the greatest benefit to the parties to this Contract and the citizens of the State of Arizona. As used in this paragraph, "Material" means all written and electronic information, recordings, reports, findings, research information, abstracts, results, software, data, discoveries, inventions, procedures and processes of services developed by the Contractor and any other materials created, prepared or received by the Contractor and subcontractors in performance of this Agreement. "Material" as used herein shall not include any pre-existing data, information, materials, discoveries, inventions or any form of intellectual property invented, created, developed or devised by Contractor (or its employees, subcontractors or agents) prior to the commencement of the services funded by this Agreement or that may result from Contractor's involvement in other service activities that are not funded by the Agreement.
- 4.10.4. Title and exclusive copyright to all Material shall vest in the State of Arizona, subject to any rights reserved on behalf of the federal government. As State agencies and instrumentalities, both ADHS and Contractor shall have full, complete, perpetual, irrevocable and non-transferable rights to reproduce, duplicate, adapt, make derivative works, distribute, display, disclose, publish and otherwise use any and all Material. The Contractor's right to use Material shall include the following rights: the right to use the Material in connection with its

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internal, non-profit research and educational activities, the right to present at academic or professional meetings or symposia and the right to publish in journals, theses, dissertations or otherwise of Contractor's own choosing. Contractor agrees to provide ADHS with a right of review prior to any publication or public presentation of the Material, and ADHS shall be entitled to request the removal of its confidential information or any other content the disclosure of which would be contrary to the best interest of the State of Arizona. Neither party shall release confidential information to the public without the prior expressly written permission of the other, unless required by the State public records statutes or other law, including a court order. Each party agrees to give recognition to the other party in all public presentations or publications of any Material, when releasing or publishing them.

4.10.5. In addition, ADHS and Contractor agree that any and all Material shall be made freely available to the public to the extent it is in the best interest of the State. However, if either party wants to license or assign an intellectual property interest in the material to a third-party for monetary compensation, ADHS and Contractor agree to convene to determine the relevant issues of title, copyright, patent and distribution of revenue. In the event of a controversy as to whether the Material is being used for monetary compensation or in a way that interferes with the best interest of the state or ADHS, then the Arizona Department of Administration shall make the final decision. Notwithstanding the above, "monetary compensation" does not include compensation paid to an individual creator for traditional publications in academia (the copyrights to which are Employee-Excluded Works under ABOR Intellectual Property Policy Section 6-908C.4.), an honorarium or other reimbursement of expenses for an academic or professional presentation, or an unprofitable distribution of Material.

4.11. E-Verify Requirements In accordance with A.R.S. § 41-4401, Contractor warrants compliance with all Federal immigration laws and regulations relating to employees and warrants its compliance with Section A.R.S. § 23-214, Subsection A.

4.12. Federal Immigration and Nationality Act The Contractor shall comply with all federal, state and local immigration laws and regulations relating to the immigration status of their employees during the term of the Contract. Further, the Contractor shall flow down this requirement to all subcontractors utilized during the term of the Contract. The State shall retain the right to perform random audits of Contractor and subcontractor records or to inspect papers of any employee thereof to ensure compliance. Should the State determine that the Contractor and/or any subcontractors be found noncompliant, the State may pursue all remedies allowed by law, including, but not limited to; suspension of work, termination of the Contract for default and suspension and/or debarment of the Contractor.

5. COSTS AND PAYMENTS:

5.1. Payments. Payments shall comply with the requirements of A.R.S. Titles 35 and 41, net 30 days. Upon receipt and acceptance of goods or services, the Contractor shall submit a complete and accurate Contractor's Expenditure Report for payment from the State within thirty (30) days, as provided in the Accounting and Auditing Procedures Manual for the ADHS.

5.2. Recoupment of Contract Payments.

5.2.1. Unearned Advanced Funds. Any unearned State funds that have been advanced to the Contractor and remain in its possession at the end of each budget term, or at the time of termination of the Contract, shall be refunded to the ADHS within forty-

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five (45) days of the end of a budget term or of the time of termination.

- 5.2.2. *Contracted Services.* In a fixed price contract, if the number of services provided is less than the number of services for which the Contractor received compensation, funds to be returned to the ADHS shall be determined by the Contract price. Where the price is determined by cost per unit of service or material, the funds to be returned shall be determined by multiplying the unit of service cost by the number of services the Contractor did not provide during the Contract term. Where the price for a deliverable is fixed, but the deliverable has not been completed, the Contractor shall be paid a pro rata portion of the completed deliverable. In a cost reimbursement contract, the ADHS shall pay for any costs that the Contractor can document as having been paid by the Contractor and approved by ADHS. In addition, the Contractor will be paid its reasonable actual costs for work in progress as determined by Generally Accepted Accounting Procedures up to the date of contract termination.
- 5.2.3. *Refunds.* Within forty-five (45) days after the end of each budget term or of the time of termination of the Contract, the Contractor shall refund the greater of: i) the amount refundable in accordance with paragraph 4.2.1, Unearned Advanced Funds; or ii) the amount refundable in accordance with paragraph 5.2.2, Contracted Services.
- 5.2.4. *Unacceptable Expenditures.* The Contractor agrees to reimburse the ADHS for all Contract funds expended, which are determined by the ADHS not to have been disbursed by the Contractor in accordance with the terms of this Contract. The Contractor shall reimburse ADHS within 45 days of the determination of unacceptability.
- 5.3. Unit Costs/Rates or Fees. Unit costs/rates or fees shall be based on costs, which are determined by ADHS to be reasonable, allowable and allocable as outlined in the Accounting and Auditing Procedures Manual for the ADHS.
- 5.4. Applicable Taxes.
- 5.4.1. *State and Local Transaction Privilege Taxes.* The State of Arizona is subject to all applicable state and local transaction privilege taxes. Transaction privilege taxes apply to the sale and are the responsibility of the seller to remit. Failure to collect taxes from the buyer does not relieve the seller from its obligation to remit taxes.
- 5.4.2. *Tax Indemnification.* The Contractor and all subcontractors shall pay all federal, state and local taxes applicable to its operation and any persons employed by the Contractor. Contractor shall require all subcontractors to hold the State harmless from any responsibility for taxes, damages and interest, if applicable, contributions required under Federal, and/or state and local laws and regulations and any other costs, including transaction privilege taxes, unemployment compensation insurance, Social Security and Worker's Compensation.
- 5.4.3. *I.R.S. W9 Form.* In order to receive payment under any resulting Contract, the Contractor shall have a current I.R.S. W9 Form on file with the State of Arizona.
- 5.5. Availability of Funds for the Next Fiscal Year. Funds may not be presently available for performance under this Contract beyond the first year of the budget term or Contract term. The State may reduce payments or terminate this Contract without further recourse, obligation or penalty in the event that insufficient funds are appropriated in the subsequent budget term. The State shall not be liable for any purchases or Subcontracts entered into

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by the Contractor in anticipation of such funding. The Procurement Officer shall have the discretion in determining the availability of funds.

5.6. Availability of Funds for the Current Contract Term. Should the State Legislature enter back into session and decrease the appropriations through line item or general fund reductions, or for any other reason these goods or services are not funded as determined by ADHS, the following actions may be taken by ADHS:

- 5.6.1. Accept a decrease in price offered by the Contractor;
- 5.6.2. Reduce the number of goods or units of service and reduce the payments accordingly;
- 5.6.3. Offer reductions in funding as an alternative to Contract termination; or
- 5.6.4. Cancel the Contract.

6. CONTRACT CHANGES:

6.1. Amendments, Purchase Orders and Change Orders. This Contract is issued under the authority of the Procurement Officer who signed this Contract. The Contract may be modified only through a Contract Amendment, Purchase Order and/or Change Order within the scope of the Contract, unless the change is administrative or otherwise permitted by the Special Terms and Conditions. Changes to the Contract, including the addition of work or materials, the revision of payment terms, or the substitution of work or materials, directed by an unauthorized State employee or made unilaterally by the Contractor are violations of the Contract and of applicable law. Such changes, including unauthorized Contract Amendments, Purchase Orders and/or Change Orders, shall be void and without effect, and the Contractor shall not be entitled to any claim under this Contract based on those changes.

6.2. Subcontracts. The Contractor shall not enter into any subcontract under this Contract without the advance written approval of the Procurement Officer. The subcontract shall incorporate by reference all material and applicable terms and conditions of this Contract.

6.3. Assignments and Delegation. The Contractor shall not assign any right nor delegate any duty under this Contract without the prior written approval of the Procurement Officer. The State shall not unreasonably withhold approval.

7. RISK AND LIABILITY:

7.1. Risk of Loss. The Contractor shall bear all loss of conforming material covered under this Contract until received and accepted by authorized personnel at the location designated in the Purchase Order, Change Order or Contract. Mere receipt does not constitute final acceptance. The risk of loss for nonconforming materials shall remain with the Contractor regardless of receipt.

7.2. Mutual Indemnification. Each party (as "indemnitor") agrees to indemnify, defend and hold harmless the other party (as "indemnitee") from and against any and all claims, losses, liability, costs or expenses (including reasonable attorney's fees) (hereinafter collectively referred to as "claims") arising out of bodily injury of any person (including death) or property damage, but only to the extent that such claims, which result in vicarious/derivative liability to the indemnitee, are caused by the act, omission, negligence, misconduct, or other fault of the indemnitor, its officers, officials, agents, employees or volunteers.

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7.3. Force Majeure.

7.3.1. *Liability and Definition.* Except for payment of sums due, neither party shall be liable to the other nor deemed in default under this Contract if and to the extent that such party's performance of this Contract is prevented by reason of force majeure. The term "force majeure" means an occurrence that is beyond the control of the party affected and occurs without its fault or negligence. Without limiting the foregoing, force majeure includes acts of God; acts of the public enemy; acts of terrorism; war; riots; strikes; mobilization; labor disputes; civil disorders; fire; flood; lockouts; injunctions-interventions not caused by or resulting from the act or failure to act of the parties; failures or refusals to act by government authority not caused by or resulting from the act or failure to act of the parties; and other similar occurrences beyond the control of the party declaring force majeure, which such party is unable to prevent by exercising reasonable diligence.

7.3.2. *Exclusions.* Force Majeure shall not include the following occurrences:

7.3.2.1. Late delivery of Materials caused by congestion at a manufacturer's plant or elsewhere, or an oversold condition of the market;

7.3.2.2. Late performance by a subcontractor unless the delay arises out of a force majeure occurrence in accordance with this force majeure term and condition; or

7.3.2.3. Inability of either the Contractor or any subcontractor to acquire or maintain any required insurance, bonds, licenses or permits.

7.3.3. *Notice.* If either party is delayed at any time in the progress of the work by force majeure, the delayed party shall notify the other party in writing of such delay, as soon as is practicable and no later than the following working day of the commencement thereof, and shall specify the causes of such delay in such notice. Such notice shall be delivered or mailed certified-return receipt and shall make a specific reference to this article, thereby invoking its provisions. The delayed party shall cause such delay to cease as soon as practicable and shall notify the other party in writing when it has done so. The time of completion shall be extended by Contract Amendment for a period of time equal to the time that the results or effects of such delay prevent the delayed party from performing in accordance with this Contract.

7.3.4. *Default.* Any delay or failure in performance by either party hereto shall not constitute default hereunder or give rise to any claim for damages or loss of anticipated profits if, and to the extent that, such delay or failure is caused by force majeure.

7.4. Third Party Antitrust Violations. The Contractor assigns to the State any claim for overcharges resulting from antitrust violations to the extent that those violations concern materials or services supplied by third parties to the Contractor for or toward the fulfillment of this Contract.

8. DESCRIPTION OF MATERIALS: The following provisions shall apply to Materials only:

8.1. Liens. The Contractor agrees that the Materials supplied under this Contract are free of liens. In the event the Materials are not free of liens, Contractor shall pay to remove the lien and any associated damages or replace the Materials with Materials free of liens.

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- 8.2. Quality. Unless otherwise modified elsewhere in these terms and conditions, the Contractor agrees that, for one year after acceptance by the State of the Materials, they shall be:
- 8.2.1. Of a quality to pass without objection in the Contract description;
 - 8.2.2. Fit for the intended purposes for which the Materials are used;
 - 8.2.3. Within the variations permitted by the Contract and are of even kind, quantity, and quality within each unit and among all units;
 - 8.2.4. Adequately contained, packaged and marked as the Contract may require; and
 - 8.2.5. Conform to the written promises or affirmations of fact made by the Contractor.
- 8.3. Inspection/Testing. Subparagraphs 8.1 through 8.2 of this paragraph are not affected by inspection or testing of or payment for the Materials by the State.
- 8.4. Compliance With Applicable Laws. The Materials and services supplied under this Contract shall comply with all applicable federal, state and local laws, and the Contractor shall maintain all applicable license and permit requirements.
- 8.5. Survival of Rights and Obligations After Contract Expiration and Termination.
- 8.5.1. *Contractor's Representations*. All representations and warranties made by the Contractor under this Contract in paragraphs 7 and 8 shall survive the expiration or termination hereof. In addition, the parties hereto acknowledge that pursuant to A.R.S. § 12.510, except as provided in A.R.S. § 12-529, the State is not subject to or barred by any limitations of actions prescribed in A.R.S. Title 12, Chapter 5.
 - 8.5.2. *Purchase Orders and Change Orders*. Unless otherwise directed in writing by the Procurement Officer, the Contractor shall fully perform and shall be obligated to comply with all Purchase Orders and Change Orders received by the Contractor prior to the expiration or termination hereof, including, without limitation, all Purchase Orders and Change Orders received prior to but not fully performed and satisfied at the expiration or termination of this Contract.

9. STATE'S CONTRACTUAL REMEDIES:

- 9.1. Right to Assurance. If the State, in good faith, has reason to believe that the Contractor does not intend to, or is unable to, perform or continue performing under this Contract, the Procurement Officer may demand in writing that the Contractor give a written assurance of intent to perform. Failure by the Contractor to provide written assurance within the number of Days specified in the demand may, at the State's option, be the basis for terminating the Contract.
- 9.2. Stop Work Order.
- 9.2.1. *Terms*. The State may, at any time, by written order to the Contractor, require the Contractor to stop all or any part of the work called for by this Contract for a period up to ninety (90) Days after the order is delivered to the Contractor, and for any further period to which the parties may agree. The order shall be specifically identified as a stop work order issued under this clause. Upon receipt of the order, the Contractor shall immediately comply with its terms and take all reasonable steps to minimize the incurrence of costs allocable to the work covered by the

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order during the period of work stoppage.

9.2.2. *Cancellation or Expiration.* If a stop work order issued under this clause is canceled or the period of the order or any extension expires, the Contractor shall resume work. The Procurement Officer shall make an equitable adjustment in the delivery schedule or Contract price, or both, and the Contract shall be amended in writing accordingly.

9.3. Non-exclusive Remedies. The rights and remedies of ADHS under this Contract are not exclusive, and ADHS is entitled to all rights and remedies available to it, including those under the Arizona Uniform Commercial Code and Arizona common law.

9.4. Right of Offset. The State shall be entitled to offset against any sums due the Contractor in any Contract with the State or damages assessed by the State because of the Contractor's non-conforming performance or failure to perform this Contract. The right to offset may include, but is not limited to, a deduction from an unpaid balance and a collection against the bid and/or performance bonds. Any offset taken for damages assessed by the State shall represent a fair and reasonable amount for the actual damages and shall not be a penalty for non-performance.

10. CONTRACT TERMINATION:

10.1. Cancellation for Conflict of Interest. Pursuant to A.R.S. § 38-511, the State may cancel this Contract within three (3) years after Contract execution without penalty or further obligation if any person significantly involved in initiating, negotiating, securing, drafting or creating the Contract on behalf of the State is, or becomes at any time while the Contract or an extension of the Contract is in effect, an employee of or a consultant to any other party to this Contract with respect to the subject matter of the Contract. The cancellation shall be effective when the Contractor receives written notice of the cancellation, unless the notice specifies a later time. If the Contractor is a political subdivision of the State, it may also cancel this Contract as provided in A.R.S. § 38-511.

10.2. Gratuities. The State may, by written notice, terminate this Contract, in whole or in part, if the State determines that employment or a Gratuity was offered or made by the Contractor or a representative of the Contractor to any officer or employee of the State for the purpose of influencing the outcome of the procurement, securing the Contract or an Amendment to the Contract, or receiving favorable treatment concerning the Contract, including the making of any determination or decision about Contract performance. The State, in addition to any other rights or remedies, shall be entitled to recover exemplary damages in the amount of three times the value of the Gratuity offered by the Contractor.

10.3. Suspension or Debarment. The State may, by written notice to the Contractor, immediately terminate this Contract if the State determines that the Contractor or its subcontractor has been debarred, suspended or otherwise lawfully prohibited from participating in any public procurement activity, including but not limited to, being disapproved as a subcontractor of any public procurement unit or other governmental body.

10.4. Termination Without Cause.

10.4.1. Both the State and the Contractor may terminate this Contract at any time with thirty (30) days' notice in writing specifying the termination date. Such notices shall be given by personal delivery or by certified mail, return receipt requested.

10.4.2. If the Contractor terminates this Contract, any monies prepaid by the State, for

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which no service or benefit was received by the State, shall be refunded to the State within 5 days of the termination notice. In addition, if the Contractor terminates the Contract, the Contractor shall indemnify the State for any sanctions imposed by the funding source as a result of the Contractor's failure to complete the Contract.

10.4.3. If the State terminates this Contract pursuant to this Section, the State shall pay the Contractor the Contract price for all Services and Materials completed up to the date of termination. In a fixed price contract, the State shall pay the amount owed for the Services or Materials by multiplying the unit of service or item cost by the number of unpaid service units or items. In a cost reimbursement contract, the ADHS shall pay for any costs that the Contractor can document as having been paid by the Contractor and approved by ADHS. In addition, the Contractor will be paid its reasonable actual costs for work in progress as determined by GAAP up to the date of termination. Upon such termination, the Contractor shall deliver to the ADHS all deliverables completed. ADHS may require Contractor to negotiate the terms of any remaining deliverables still due.

10.5. Mutual Termination. This Contract may be terminated by mutual written agreement of the parties specifying the termination date and the terms for disposition of property and, as necessary, submission of required deliverables and payment therein.

10.6. Termination for Default. The State reserves the right to terminate the Contract in whole or in part due to the failure of the Contractor to comply with any material obligation, term or condition of the Contract, to acquire and maintain all required insurance policies, bonds, licenses and permits, or to make satisfactory progress in performing the Contract. In the event the ADHS terminates the Contract in whole or in part as provided in this paragraph, the ADHS may procure, upon such terms and in such manner as deemed appropriate, Services or Materials, similar to those terminated, and Contractor shall be liable to the ADHS for any excess costs incurred by the ADHS in obtaining such similar Services or Materials.

10.7. Continuation of Performance Through Termination. Upon receipt of the notice of termination and until the effective date of the notice of termination, the Contractor shall perform work consistent with the requirements of the Contract and, if applicable, in accordance with a written transition plan approved by the ADHS. If the Contract is terminated in part, the Contractor shall continue to perform the Contract to the extent not terminated. After receiving the notice of termination, the Contractor shall immediately notify all subcontractors, in writing, to stop work on the effective date of termination, and on the effective date of termination, the Contractor and subcontractors shall stop all work.

10.8. Disposition of Property. Upon termination of this Contract, all property of the State, as defined herein, shall be delivered to the ADHS upon demand.

11. ARBITRATION:

Pursuant to A.R.S. § 12-1518, disputes under this Contract shall be resolved through the use of arbitration when the case or lawsuit is subject to mandatory arbitration pursuant to rules adopted under A.R.S. § 12-133.

12. COMMUNICATION:

12.1. Program Report. When reports are required by the Contract, the Contractor shall provide them in the format approved by ADHS.

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12.2. Information and Coordination. The State will provide information to the Contractor pertaining to activities that affect the Contractor's delivery of services, and the Contractor shall be responsible for coordinating their activities with the State's in such a manner as not to conflict or unnecessarily duplicate the State's activities. As the work of the Contractor progresses, advice and information on matters covered by the Contract shall be made available by the Contractor to the State throughout the effective period of the Contract.

13. CLIENT GRIEVANCES:

If applicable, the Contractor and its subcontractors shall use a procedure through which clients may present grievances about the operation of the program that result in the denial, suspension or reduction of services provided pursuant to this Contract and which is acceptable to and approved by the State.

14. SOVEREIGN IMMUNITY:

Pursuant to A.R.S. § 41-621(O), the obtaining of insurance by the State shall not be a waiver of any sovereign immunity defense in the event of suit.

15. FINGERPRINT AND CERTIFICATION REQUIREMENTS/JUVENILE SERVICES:

15.1. Paid and Unpaid Personnel. Pursuant to A.R.S. § 36-425.03, the Contractor shall ensure that all paid and unpaid personnel who are required or are allowed to provide Services directly to juveniles have obtained fingerprint clearance cards in accordance with A.R.S. § 41-1758 et. seq.

15.2. Costs. The Contractor shall assume the costs of fingerprint certifications and may charge these costs to its fingerprinted personnel.

16. ADMINISTRATIVE CHANGES:

The Procurement Officer, or authorized designee, reserves the right to correct any obvious clerical, typographical or grammatical errors, as well as errors in party contact information (collectively, "Administrative Changes"), prior to or after the final execution of a Contract or Contract Amendment. Administrative Changes subject to permissible corrections include: misspellings, grammar errors, incorrect addresses, incorrect Contract Amendment numbers, pagination and citation errors, mistakes in the labeling of the rate as either extended or unit, and calendar date errors that are illogical due to typographical error. The Procurement Office shall subsequently send to the Contractor notice of corrections to administrative errors in a written confirmation letter with a copy of the corrected Administrative Change attached.

17. SURVIVAL OF TERMS AFTER TERMINATION OR CANCELLATION OF CONTRACT:

All applicable Contract terms shall survive and apply after Contract termination or cancellation to the extent necessary for Contractor to complete and for the ADHS to receive and accept any final deliverables that are due after the date of the termination or cancellation.

18. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA):

18.1. The Contractor warrants that it is familiar with the requirements of HIPAA, as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH Act) of 2009, and accompanying regulations and will comply with all applicable HIPAA requirements in the course of this Contract. Contractor warrants that it will cooperate with the Arizona Department of Health Services (ADHS) in the course of performance of the

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Contract so that both ADHS and Contractor will be in compliance with HIPAA, including cooperation and coordination with the Arizona Department of Administration-Arizona Strategic Enterprise Technology (ADOA-ASET) Office, the ADOA-ASET Arizona State Chief Information Security Officer and HIPAA Coordinator and other compliance officials required by HIPAA and its regulations. Contractor will sign any documents that are reasonably necessary to keep ADHS and Contractor in compliance with HIPAA, including, but not limited to, business associate agreements.

- 18.2. If requested by the ADHS Procurement Office, Contractor agrees to sign a "Pledge To Protect Confidential Information" and to abide by the statements addressing the creation, use and disclosure of confidential information, including information designated as protected health information and all other confidential or sensitive information as defined in policy. In addition, if requested, Contractor agrees to attend or participate in HIPAA training offered by ADHS or to provide written verification that the Contractor has attended or participated in job related HIPAA training that is: (1) intended to make the Contractor proficient in HIPAA for purposes of performing the services required and (2) presented by a HIPAA Privacy Officer or other person or program knowledgeable and experienced in HIPAA and who has been approved by the ADOA-ASET Arizona State Chief Information Security Officer and HIPAA Coordinator.

19. COMMENTS WELCOME:

The ADHS Procurement Office periodically reviews the Uniform Terms and Conditions and welcomes any comments you may have. Please submit your comments to: ADHS Procurement Administrator, Arizona Department of Health Services, 150 North 18th Avenue, Suite 260, Phoenix, Arizona 85007.

20. DATA UNIVERSAL NUMBERING SYSTEM (DUNS) REQUIREMENT:

For federal funding, pursuant to 2 CFR 25.100 et seq., no entity (defined as a Governmental organization, which is a State, local government, or Indian tribe; foreign public entity; domestic or foreign nonprofit organization; domestic or foreign for-profit organization; or Federal agency, but only as a sub recipient under an award or subaward to a non-Federal entity) may receive a subaward from ADHS unless the entity provides its Data Universal Numbering System (DUNS) Number to ADHS.

21. THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA OR TRANSPARENCY ACT - P.L.109-282, AS AMENDED BY SECTION 6202(A) OF P.L. 110-252), FOUND AT [HTTPS://WWW.FSRC.S.GOV/](https://www.fsrcs.gov/) :

If applicable, the Contractor/Grantee shall submit to ADHS via email the Grant Reporting Certification Form. This form and the instructions can be downloaded from the ADHS Procurement website at <http://www.azdhs.gov/operations/financial-services/procurement/index.php#ffata> and must be returned to the ADHS by the 15th of the month following that in which the award was received. The form shall be completed electronically, and submitted using the steps outlined in the Grant Reporting Certification Form Instructions to the following email address: ADHS_Grant@azdhs.gov. All required fields must be filled including Top Employee Compensation, if applicable. Completing the Grant Reporting Certification Form is required for compliance with the Office of Management and Budget (OMB), found at <http://www.whitehouse.gov/omb/open>. Failure to timely submit the Grant Reporting Certification Form could result in the loss of funds. This requirement applies to all subcontractors/sub-awardees utilized by the Contractor/Grantee for amounts exceeding \$30,000.00 during the term of the Award.

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22. TECHNOLOGY REPLACEMENT:

In any event where product is discontinued, no longer available or technically inferior to newly developed product, the Contractor shall provide an equivalent replacement model at no additional cost and shall honor the original contract terms.

23. AUTHORIZATION FOR PROVISION OF SERVICES:

Authorization for purchase of services under this agreement shall be made only upon ADHS issuance of a Purchase Order that is signed by an authorized agent. The Purchase Order will indicate the agreement number and the dollar amount of funds authorized. The Contractor shall only be authorized to perform services up to the amount on the Purchase Order. ADHS shall not have any legal obligation to pay for services in excess of the amount indicated on the Purchase Order. No further obligation for payment shall exist on behalf of ADHS unless: a) The Purchase Order is changed or modified with an official ADHS Procurement Change Order, and/or b) An additional Purchase Order is issued for purchase of services under this agreement.

24. PUBLIC HEALTH EMERGENCIES:

24.1. In the event of a public health emergency, ADHS under the guidance of the federal funder may authorize a Contractor to temporarily reassign staff to address the emergency. Contractors shall adhere to the following reassignment conditions:

24.1.1. Approval from ADHS shall be requested prior to reassignment of staff.

24.1.2. Reassignment must be voluntary;

24.1.3. Locations for reassignment must be covered under the public health emergency; and

24.1.4. Any reassignment of staff shall be considered approved until further notice from the ADHS or until the Governor declares an end to the public health emergency.

24.2. ADHS shall continue to coordinate with program staff regarding the extent and duration of the planned assignment(s) and other potential impacts to the program.

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1. BACKGROUND:

- 1.1. The vision of the Arizona Department of Health Services (ADHS) is "Health and Wellness for all Arizonans." The ADHS conducts a five (5) year statewide needs assessment to examine key health indicators and provide a comprehensive overview of the health of Arizonans. ADHS published the 2019 Arizona State Health Assessment which utilizes an evidence-based public health approach to improve the health and wellness of Arizona residents. This assessment informs other federally funded programs within ADHS that also require statewide needs assessments. One (1) of those programs is the Title V Maternal and Child Health (MCH) Block Grant located within the Bureau of Women's and Children's Health (BWCH);
- 1.2. The mission of the BWCH is to "strengthen the family and community by promoting and improving the health status of women, infants, and children." The BWCH administers the federal Title V MCH Block Grant, other federally funded programs, as well as private, and state supported programs;
- 1.3. BWCH is responsible for the implementation of the Health Resources and Services Administration (HRSA) funded Title V MCH Block Grant. Established in 1935, in Title V of the Social Security Act, the goal of the Title V MCH Block grant is to improve the health and well-being of America's mothers, children and families including children with special health care needs by supporting and promoting the development and coordination of systems of care for the MCH population, which are family-centered, community based and culturally appropriate. The Title V MCH Block Grant has five (5) population domains which include: Women/Maternal Health, Perinatal/Infant Health, Child Health, Children with Special Health Care Needs, Adolescent Health. The sixth (6th) domain addresses Cross-Cutting and Systems Building;
- 1.4. The Title V MCH Block Grant also requires that a five (5) year statewide needs assessment be conducted and submitted as one (1) of the grant deliverables. The purpose of the Title V MCH statewide needs assessment is to identify the priority health needs and issues of Arizona's maternal and child health populations through a collaborative and systematic data collection and analytic process with stakeholder input. This needs assessment process is guided by eight (8) overarching principles and values that include:
 - 1.4.1. **Listen** to those who are not traditionally involved,
 - 1.4.2. **Learn** from community members as well as the MCH Community,
 - 1.4.3. **Honor** and **respect** the work that others in the community and state have completed to assess the well-being of Arizona residents,
 - 1.4.4. **Assess health disparities** across communities including racial, socioeconomic and access,
 - 1.4.5. Use a **life course development approach and address social determinants of health** as a framework for planning,
 - 1.4.6. **Recognize** that social, political and economic policies and conditions impact health outcomes,
 - 1.4.7. **Value the community** as a core partner in public health and work to assure the equity in health, and
 - 1.4.8. Plan, develop and **evaluate programs and systems of care** which are comprehensive, community-based, culturally competent, coordinated and effective.

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1.5. The Title V MCH Block Grant uses a three-tiered National Performance Measurement Framework (Attachment A) which includes National Outcome Measures (NOMs), National Performance Measures (NPMs) and state-initiated Evidence-based or informed Strategy Measures (ESMs). The framework provides flexibility to a state in identifying the best combination of measures to address the MCH priority needs that were identified based on the findings of the Five-Year Needs Assessment (Attachment B).

2. PURPOSE:

The purpose of this IGA is to leverage partnerships between ADHS and Local County Health Departments by providing Title V MCH Block Grant funding to support the implementation of health priorities identified through the Arizona Statewide Needs Assessment and MCH statewide needs assessment. This IGA is intended to provide flexibility to the Local County Health Department to meet the needs of local communities through high impact strategies that align with the 2020-2025 MCH health priorities, the identified national performance measures and administrative functions.

3. OBJECTIVES:

3.1. Counties will implement evidence-based/evidence-informed strategies at the local community level that:

3.1.1. Promote and implement evidence-based or evidence-informed strategies that enhance preventive and primary care services for pregnant women, mothers and infants up to age one (1) for the Women/Maternal and Perinatal Infant population domains,

3.1.2. Promote and implement evidence-based or evidence-informed strategies that enhance preventive and primary care services for the Child Health, Adolescent Health and Children with Special Health Care Needs population domains,

3.1.3. Enhance family, youth, and community engagement for all five (5) population domains in the MCH Block Grant including children and families with special health care needs, and

3.1.4. Promote and implement evidence-based or evidence-informed strategies that enhance cross-cutting and system building infrastructure.

4. SCOPE OF WORK:

4.1. Counties can select to implement strategies within population domains and/or in National Performance Measures.

4.1.1. Population domains include:

4.1.1.1. Women/Maternal Health – women ages eighteen (18) to forty-four (44), before, during, and beyond pregnancy; and across the life course;

4.1.1.2. Perinatal/Infant Health – infants during the time surrounding childbirth, particularly three (3) months before and one (1) year after;

4.1.1.3. Child Health – children one (1) to ten (10) years of age;

4.1.1.4. Adolescent Health – young people ages ten (10) to nineteen (19) years of age;

4.1.1.5. Children/Youth with Special Health Care Needs – children/youth with a diverse range of needs ranging from behavioral and emotional conditions to chronic conditions, to more medically complex health issues;

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- 4.1.1.6. Cross-cutting and Systems Building - priority need such as oral health, access to care, injury prevention, etc. that is related to program capacity and/or systems-building as it applies to all/any of the MCH population domains; or
- 4.1.1.7. Emerging Issues - projects and/or strategies that become prominent and are unique to a particular County, for example, reassignment of staff to address the COVID-19 pandemic or any other public health emergency, conducting focus groups to determine how to improve services for children/youth with special health care needs, etc.
- 4.1.2. NPMs selected by the State and identified through the findings of a five (5) year needs assessment include:
 - 4.1.2.1. NPM #1 - Well-woman visits - Percent of women, ages eighteen (18) through forty-four (44), with a preventive medical visit in the past year, and family planning services;
 - 4.1.2.2. NPM #4 Breastfeeding – A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through six (6) months of age;
 - 4.1.2.3. NPM #6 Developmental Screening - Percent of children, ages nine (9) through thirty-five (35) months, who received a developmental screening using a parent-completed screening tool in the past year;
 - 4.1.2.4. NPM #9 Bullying - Percent of adolescents, ages twelve (12) through seventeen (17), who are bullied or who bully others;
 - 4.1.2.5. NPM #10 Adolescent well visits - Percent of adolescents, ages twelve (12) through seventeen (17), with a preventive medical visit in the past year;
 - 4.1.2.6. NPM #12 Transition - Percent of adolescents with and without special health care needs, ages twelve (12) through seventeen (17), who received services necessary to make transitions to adult health care; and
 - 4.1.2.7. NPM #13 Preventive dental visits for pregnant women, children and adolescents - A) Percent of women who had a dental visit during pregnancy; and B) Percent of children, ages one (1) through seventeen (17), who had a preventive dental visit in the past year.
- 4.1.3. If strategies selected by the Counties do not align with the State selected NPMs listed above, BWCH in partnership with Counties will develop State Performance Measures (SPMs) as needed to measure priority needs that have not been addressed through the selected NPMs, and
- 4.1.4. Counties may elect to provide Family Planning Services which would qualify under NPM #1 and the Women/Maternal Health population domain:
 - 4.1.4.1. Implement a clinic based reproductive health program which enhances maternal and child health;
 - 4.1.4.2. Provide accessible, comprehensive education, screening and contraceptive services to underserved individuals of reproductive age; and
 - 4.1.4.3. Adhere to the ADHS Family Planning Policy and Procedure Manual (Attachment H).
- 4.2. This IGA offers a variety of evidence-based and evidence-based informed strategies designed to

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promote and positively impact the health status and outcomes of the MCH population in Arizona. Contingent upon available funding, Local County Health Departments are expected to implement at multiple levels, in accordance with local community needs infrastructure activities that integrate and build on each other to optimize the health improvements of the community. Counties have the option to select from a menu of evidence-based/evidence-informed strategies (Attachment B) or to propose their own evidence-based/evidence informed strategies that are identified as a need in their communities;

- 4.3. MCH has created Skill Sets in each of the NPMs to support implementation and further assist with thinking not only about evidence and strategies to make change but the capacity of the workforce to carry out activities (Attachment B); and
- 4.4. Where applicable, strategies shall be inclusive of children with special health care needs. Though counties are not required to implement strategies to specifically target this population, strategies designed for children, adolescents, and families assume an integrated approach that includes this population.

5. EVALUATION:

- 5.1. Performance measures and evaluations allow the counties and ADHS to collaboratively track progress, process indicators, outcomes measures, and impacts. As part of the local evaluation plan, the counties will be responsible for measuring the short term, and intermediate outcomes. Monitoring progress on short-term outcomes provides an opportunity for the counties to make adjustments to strategies to ensure increased long-term impact. ADHS in coordination with the counties will be responsible for measuring the long-term and impact outcomes. Process indicators, outcomes measures, and impacts must clearly relate to the selected strategies and activities identified within each County's Annual Action Plan; and
- 5.2. ADHS will provide technical support to counties on selecting the appropriate indicators to measure process and outcomes as they align with the new Title V MCH Priorities and Performance Metrics.

6. APPROVALS:

- 6.1. The quarterly reports, annual action plans, annual budget workbook, and monthly CERs with receipts supporting expenses billed for in-state and out-of-state travel and equipment purchases of \$250 or more, as required and/or requested shall be approved by ADHS prior to payment reimbursement;
- 6.2. Upon approval of the Action Plan, any changes to the approved activities, or strategies must be resubmitted to ADHS for review and approval prior to implementation;
- 6.3. Any requests to provide additional information on quarterly reports will require resubmission of the report for ADHS review and approval prior to payment reimbursement;
- 6.4. Purchases of Capital Equipment (single item purchase of \$5,000 or more) will require approval prior to purchasing;
- 6.5. All marketing materials (the use of ADHS logo, brochures, posters, public service announcements, paid media, videos, etc.) which have been developed, written, published, or recorded by the Counties and paid for with funds from this award must be first approved by ADHS prior to the dissemination of such materials or airing or use of such announcements;
- 6.6. All County local emerging issues and related supporting documentation must be approved by ADHS prior to implementation;

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- 6.7. Any evaluation or study to be conducted that involves human subjects must be approved by ADHS prior to conducting; and
- 6.8. Request approval in writing to the MCH HAF IGA Program Manager for purchases of single items of capital equipment at or above the purchase price of five thousand dollars (\$5,000.00);
 - 6.8.1. Requests can be made via email and shall include the following information:
 - 6.8.2. Type of equipment requesting to be purchased,
 - 6.8.3. Cost of equipment, and
 - 6.8.4. How the proposed purchase supports the current approved scope of work and annual action plan.

7. TASKS:

- 7.1. The Local County Health Department Contractor shall for the overall IGA:
 - 7.1.1. Develop and submit an Annual Budget Workbook due January 15th of each year for the following year's budget period, including the federally approved indirect rate letter,
 - 7.1.2. Develop and implement an Annual Action Plan within the first forty-five (45) days of each budget period,
 - 7.1.3. Implement the selected approved evidence-based and/or evidence-informed strategies outlined in County Action Plans,
 - 7.1.4. Participate in all calls (monthly, bi-monthly, quarterly), technical assistance calls, webinars, meetings, and training, and
 - 7.1.5. Participate in the development of a shared comprehensive evaluation plan and report out on any performance measures related to the implementation of their activities (process and/or intermediate), or as defined by the funding sources.
- 7.2. Complete tagging and inventory of equipment in compliance with the policy in the State of Arizona Accounting Manual, <https://gao.az.gov/sites/default/files/2535%20Stewardship%20190304.pdf>;
 - 7.2.1. Submit documents to the MCH HAF Program Manager pertaining to the asset, i.e., receiving papers, invoice, purchase order, receipt, etc., and
 - 7.2.2. Documents shall include the make, model, serial number, and acquisition date of the asset.
- 7.3. All out-of-state travel shall follow the travel and per diem policies as outlined in the State of Arizona Accounting Manual;
 - 9.5.1 <https://gao.az.gov/sites/default/files/5009%20Traveler%20Responsibilities%20Draft%20200113.pdf>, and
 - 9.5.2 <https://gao.az.gov/sites/default/files/5095%20Reimbursement%20Rates%20%20190102%20a.pdf>.

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- 7.4. Food purchases for events are an allowable cost under this grant. Food costs less than \$500 per event and cumulative cost less than \$5,000 annually do not require prior approval when spent within the State of Arizona Accounting Manual policies;
- 7.4.1. When food costs exceed the allowable thresholds set forth in the IGA, requests to purchase food shall be required by completing the *Request for Purchase of Food* form (Attachment F) and submitting to the MCH HAF Program Manager,
- 7.4.1.1. Requests shall be submitted ten (10) business days prior to needing to purchase food items;
- 7.4.1.2. Blanket food approval requests can be submitted for approval if multiple events, of the same nature, are reoccurring. The request shall indicate the number of events that will be held during the year and number of people attending; and
- 7.4.1.3. No food shall be purchased or reimbursed until the form has been approved and signed by the MCH HAF Program Manager.
- 7.4.2. Purchases shall follow the Food and Beverages policy outlined in the State of Arizona Accounting Manual, <https://gao.az.gov/sites/default/files/8010%20Food%20and%20Beverages%20at%20State-sponsored%20Events%20181113.pdf>, which includes but is not limited to:
- 7.4.2.1. Food provided must not exceed the allowable ADHS per person, per diem meal rates.
- 7.4.3. Justification for providing food at events requires but is not limited to:
- 7.4.3.1. how providing food serves a valid public purpose and does not violate the "gift clause",
- 7.4.3.2. is an integral part of the function, and
- 7.4.3.3. Benefits to the community.
- 7.4.4. A speaker/presentation during the time the meal is provided is required, and
- 7.4.5. Food provided should be healthy items. Please see the ADHS Healthy Meeting Policy for further guidance on nutritional guidelines for events/meetings: <https://azdhs.gov/documents/prevention/nutrition-physical-activity/healthy-meeting-policy.pdf>.
- 7.5. Comply with all federal reporting requirements;
- 7.6. At least one (1) Program Manager or coordinator from each of the MCH HAF IGA programs must be in attendance at the Annual HPHC/MCH HAF IGA Summit;
- 7.7. Counties implementing Family Planning Programs with MCH HAF IGA funding shall abide by all standards and protocols outlined in the Family Planning Policies & Procedures manual (Attachment H); and
- 7.8. County program staff implementing strategies in this IGA will be required to participate in a one-time MCH HAF IGA orientation webinar, date to be determined.
- 7.9. ADHS will provide:

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- 7.9.1. Review, feedback, and approval of the Annual Action Plan(s) within thirty (30) days of submitting,
- 7.9.2. Review, feedback, and approval of the annual Budgets Workbooks, CERs and Supporting Documentation within thirty (30) days of submission,
- 7.9.3. Feedback, technical assistance, and training to support the approved Annual Action Plan(s), Annual Budget, Quarterly Reporting, and Supporting Documentation,
- 7.9.4. Samples of evidence-based and/or evidence-informed strategies and supporting resources,
- 7.9.5. A Quarterly Reporting template upon execution of the IGA,
- 7.9.6. The Annual Action Plan template upon execution of the IGA,
- 7.9.7. Annual Budget Workbook and CER templates upon execution of the IGA,
- 7.9.8. Outcome Measures and examples of process, or intermediate performance measures, as needed,
- 7.9.9. Access to virtual technical assistance and guidance from ADHS staff, Local County Health Department peers/mentors, and subject matter experts related to the strategies for which the County has received funding, and
- 7.9.10. Coordinate and conduct annual Contractor site visits.

8. STATE PROVIDED ITEMS:

- 8.1. Attachment A – Maternal and Child Health National Performance Framework;
- 8.2. Attachment B – Evidence-based/Evidence-informed Strategies for MCH populations;
- 8.3. Attachment C – Contractor Expenditure Report (CER);
- 8.4. Attachment D – Financial Supporting Documentation Requirements;
- 8.5. Attachment E – Line Item Budget Move Tool;
- 8.6. Attachment F – Request for Food Form;
- 8.7. Attachment G – Emerging Issues Request Process and Form; and
- 8.8. Attachment H – Family Planning Policies and Procedures Manual
- 8.9. Upon execution of IGA:
 - 8.9.1. Action Plan Template,
 - 8.9.2. Quarterly Report Template, and
 - 8.9.3. Budget Workbook Template.

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9. Restrictions:

9.1. Funds cannot be used for any of the following:

- 9.1.1. Lobbying activities, including the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government,
- 9.1.2. Inpatient services, other than inpatient services provided to children with special health care needs or to high-risk pregnancy women and infants and such other inpatient services approved by the Secretary of the Department of Health and Human Services (DHHS),
- 9.1.3. Cash payments to intended service recipients of health services,
- 9.1.4. The purchase or improvements of land; the purchase, construction or permanent improvement (other than minor remodeling) of any building or other facility; or the purchase of major medical equipment – unless the ADHS has obtained a waiver from the Secretary of DHHS,
- 9.1.5. Satisfying any requirements for the expenditure of non-federal funds as a condition for the receipt of federal funds,
- 9.1.6. Providing funds for research or training to any entity other than a public or non-profit private entity, and
- 9.1.7. Payment for any item of service (other than an emergency item or service) furnished by or at the medical direction or prescription of an ineligible or uncertified individual or entity.

10. Deliverables:

- 10.1. Annual Action Plan within the first forty-five (45) days of each budget period;
- 10.2. Contractor Expenditure Report (CER) to ADHS, due thirty (30) days following each month of services.
 - 10.2.1. Receipts supporting expenses billed for any in-state/out-of-state travel and equipment purchases of \$250 or more are to also be submitted, and
 - 10.2.2. Upon request from ADHS, all receipts supporting expenses billed for a selected CER shall be submitted for review.
- 10.3. Written Quarterly Reports, due thirty (30) days after each quarter end (Q1: July – September; Q2: October – December; Q3: January – March; and Q4: April – June);
- 10.4. A final CER invoice no later than forty-five (45) days following the end of each contract year;
- 10.5. Annual Budget Workbook due by January 15th, for the next year's fiscal period;
- 10.6. Annual Report forty-five (45) days following the end of each Contract year; and
- 10.7. Family Planning Programs funded through this IGA will submit monthly data into the Family Planning Database as outlined in the policies and procedures manual.

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10.7.1. Submit monthly CERs (Attachment C) and maintain sufficient documentation in the form of receipts in support of expenses incurred for any purchases that are being claimed for reimbursement or applied as match dollars to a budget (Attachment D),

10.7.1.1. Supporting documentation shall be kept by the Contractor and does NOT need to be submitted with quarterly CERs with the exception of travel documentation (in-state and out-of-state) and single purchases of equipment exceeding \$250, and

10.7.1.2. Documentation supporting all expenses being billed shall be provided as requested by ADHS.

10.8. Provide the MCH HAF Program Manager with contact information of all program staff funded under this IGA within thirty (30) days of IGA execution to include:

10.8.1. Name, title, email address and phone numbers,

10.8.2. Staff Resumes, and

10.8.3. Program area assigned.

10.9. Submit the MCH HAF Program Manager of all staffing and programmatic changes within fifteen (15) days providing information outlined in 10.8;

10.10. Request to transfer budget amounts between line items, exceeding twenty-five percent (25%) of total annual budget or to a non-funded line item, will require a revised budget be submitted to the MCH HAF Program Manager and a IGA amendment issued by ADHS Procurement; and

10.11. Submit brochures, posters, public service announcements, paid media, videos, sponsorships, etc., to be paid for with funds from this IGA prior to development and use.

11. NOTICES, CORRESPONDENCE, REPORTS, AND INVOICES:

11.1. Notices, correspondence, reports, supporting documentation, and CERs from the County contractors to ADHS shall be sent to:

MCH HAF Program Manager
 Arizona Department of Health Services
 150 N. 18th Avenue
 Phoenix, AZ 85007-3242
 Email: TBD

11.2. Invoices shall be emailed to: invoices@azdhs.gov

11.3. Notices, Correspondence, Reports and Payments from ADHS to the Contractor shall be sent to:

Contractor _____

Attention _____

Address _____

City, State, ZIP _____

Phone _____

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Fax

Email

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Greenlee County Department of Public Health MCH Healthy Arizona Families IGA Cost-Reimbursement Price Sheet FY21	
ACCOUNT CLASSIFICATION	LINE ITEM TOTALS
PERSONNEL EXPENSES	\$24,901.00
EMPLOYEE RELATED EXPENSES	\$12,452.00
PROFESSIONAL & OUTSIDE SERVICES EXPENSES	\$36,000.00
TRAVEL EXPENSES	\$5,656.00
OCCUPANCY EXPENSES	\$0.00
OTHER OPERATING EXPENSES	\$17,800.00
CAPITAL OUTLAY EXPENSES	\$0.00
INDIRECT COST EXPENSES (IF AUTHORIZED)	\$0.00
TOTAL \$96,809.00	
<p><i>The Contractor is authorized to transfer up to a maximum of twenty-five percent (25%) of the total budget amount between line items.</i></p> <p><i>Transfers <u>exceeding</u> twenty-five percent (25%) <u>or to a non-funded line item</u> shall require an IGA Amendment.</i></p>	

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The MCH Block Grant utilizes a three-tiered national performance measurement framework, which includes National Outcome Measures (NOMs), National Performance Measures (NPMs) and state-initiated Evidence-based or -informed Strategy Measures (ESMs). The framework provides flexibility to a state in identifying the best combination of measures to address the MCH priority needs that were identified based on the findings of the Five-Year Needs Assessment.

A state tracks the NOMs to monitor the impact of the NPMs.

The NPMs are a set of short-term and medium-term performance measures that utilize population-based, state-level data derived from national data sources and for which a state Title V program tracks prevalence rates and works towards demonstrated impact. They are intended to drive improved outcomes relative to one or more medium and long-term indicators of health status or access to quality health care (i.e., NOMs) for the MCH population.

ESMs are the final tier of the national performance measurement framework, and they are the structural or process measures through which a state can achieve intended impact on the NPMs. State-specific and actionable, the ESMs seek to track a state Title V program’s strategies/activities and to measure evidence-based or –informed practices that will impact individual, population-based NPMs. The ESMs are developed by the state, and they provide accountability for improving quality and performance related to the NPMs and to the MCH public health issues that they are designed to address. While not part of the NPM framework, a state will also develop SPMs to address its identified priority needs to the extent that they have not been fully addressed through the selected NPMs and ESMs.



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IGA2020-039	ATTACHMENT B EVIDENCE-BASED AND EVIDENCE-INFORMED STRATEGIES FOR MCH DOMAINS

This overview of the NPMs, by MCH population health domains chart identifies which population domains are targeted in each of the NPMs. For example, the Women/Maternal Health population can be reached implementing strategies in NPM #1 Well-woman visit and NPM #2 Low-risk cesarean delivery.

NPM #		MCH Population Domains					Cross-cutting/ Systems Building Domain <i>Optional</i>
		Women/ Maternal Health	Perinatal/ Infant Health	Child Health	Adolescent Health	Children with Special Health Care Needs	
1	Well-woman visit	✓					States have the option to develop a state performance measure (SPM) that is Cross-cutting/Systems Building. Examples of measure topic areas include but are not limited to: <ul style="list-style-type: none"> • Family partnership activities that cross all population health domains; • Social determinants of health; • Workforce development; and • Enhanced data infrastructure
2	Low-risk cesarean delivery	✓					
3	Risk-appropriate perinatal care		✓				
4	Breastfeeding++		✓				
5	Safe sleep		✓				
6	Developmental screening			✓			
7	Injury hospitalization*			✓	✓		
8	Physical activity*			✓	✓		
9	Bullying				✓		
10	Adolescent well-visit				✓		
11	Medical home*			✓	✓	✓	
12	Transition*				✓	✓	
13	Preventive dental visit *++	✓		✓	✓		
14	Smoking *++	✓		✓	✓		
15	Adequate insurance*			✓	✓	✓	

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Following are evidence-based and evidence-informed strategies that may be implemented in each selected population domain under each of the NPMs. Counties may elect to implement strategies other than these, as long as data supports that they are either evidence-based or evidence-informed. The NPM number identified in the strategy corresponds with the NPM number listed in the chart above.

Skill Sets have been identified in each of the NPMs to support implementation and further assist with thinking not only about evidence and strategies to make change but the capacity of the workforce to carry out activities. There are six (6) overarching skill set topics:

1. **Population Health** - Enables Title V professionals to analyze how program interventions and their related health outcomes are distributed among a state's MCH population. Population health skills complement all of Title V's work, including program design and implementation, strategic partnerships and communication.
2. **Strategic Planning & Program Design** - Effective strategic planning and program design requires the ability to base programs on defined goals and desired outcomes. Strategic planning should include a monitoring and evaluation system to track and monitor progress and inform program alterations as needed. Program design skills must ultimately be coupled with implementation, where program design is carried out.
3. **Strategic Alliance and Effective Partnership** - The wide array of stakeholders and partners in the field of MCH, from providers and insurers to women and children, require a set of skills in strategically aligning Title V goals with those of their partners. In the Title V world, there is an increasing interest in engaging unlikely or nontraditional partners to achieve the NPMs. The skills in this category take that into account and include unique partner groups linked to this measure.
4. **Consumer Engagement/Cultural & Linguistic Brokering** - Consumers are arguably the most important stakeholders in MCH work, thus skills in consumer engagement and cultural and linguistic brokering are essential to moving the needle for each NPM. In some cases, consumer engagement includes negotiating with other stakeholders on behalf of MCH populations. Closely linked with this skills category are skills in communication and strategic alliances.
5. **Policy & Program Implementation** - These skills ensure that MCH priorities are integrated into all aspects of policy and program implementation, as well as ensuring that policies and programs selected are well-aligned with NPMs and other MCH program goals. Implementing policies and programs with fidelity also requires skills in the implementation science drivers: technical and adaptive leadership; selection; training; coaching; systems intervention; facilitative administration; and decision support data systems.
6. **Communication** - Communication skills support the creation and delivery of effective messages between MCH professionals, professional and community partners, and populations served by Title V. Effective communication ensures the delivery of appropriate messages to audiences in the way that they were intended and is key to all aspects of MCH work. These skills are linked closely with skills in strategic partnerships and cultural and linguistic brokering.

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Women/Maternal		
Evidence-based Strategies	Evidence-informed Strategies	Skill Sets
<p><u>Community-Based Group Education</u>: Utilize community-based education groups to promote annual preventative visits.</p> <p><u>Patient Reminders</u>: Support providers in disseminating reminders (e.g., postcard, text, email, phone) to women about scheduling annual preventative visits.</p> <p><u>Designated Clinics/ Extended Hours</u>: Increase access and visibility to clinics that offer extended hours of service within close proximity to MCH populations.</p>	<p><u>Nurse Family Partnership (National)</u>: Partnering nurses with low income mothers.</p> <p><u>Healthy Women, Health Futures (OK)</u>: Education, skills, and supports.</p> <p><u>Superior Babies Program (MN)</u>: Promotion of healthy prenatal & parenting behavior.</p>	<p><u>NPM #1 - Well Woman Visits</u> <u>Population Health</u></p> <ul style="list-style-type: none">• Ability to conduct surveillance of well-woman visit utilization that allows public health practitioners to understand and respond to disparities in utilization of visits• Ability to use population health surveillance to inform proposed delivery system changes• Skills to analyze how health care delivery systems identify and refer women for appropriate treatment following a well-woman visit <p><u>Strategic Planning & Program Design</u></p> <ul style="list-style-type: none">• Ability to employ qualitative methods in needs assessments with families, providers, and communities to identify attitudes about and root causes of low use in preventative services• Skills in quality improvement to support providers and health systems in making data-informed decisions <p><u>Strategic Alliance & Effective Partnership</u></p> <ul style="list-style-type: none">• Skills to create and manage external alliances that engage public health, private health plans, federally qualified health centers, and Medicaid to increase awareness of well-woman visit coverage among providers and women• Skills to manage public health and inter-governmental partnerships that work to advance the receipt of preventative services and the health of women• Ability to foster collaboration between public and private health care providers to increase the utilization and quality of well-woman visits <p><u>Consumer Engagement/Cultural & Linguistic Brokering</u></p> <ul style="list-style-type: none">• Ability to effectively engage consumers in policy and program efforts that provide education about and increase utilization of preventative health care services for women• Skills to educate and monitor providers about their responsibilities for accessible interactions with women related to translation services, linguistic access, and American Disability Act (ADA) compliance <p><u>Policy & Program Implementation</u></p> <ul style="list-style-type: none">• Skills to support robust and effective referral systems to preventative services in

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EVIDENCE-BASED AND EVIDENCE-INFORMED STRATEGIES FOR MCH DOMAINS

		<p>community settings</p> <ul style="list-style-type: none">• Ability to analyze workforce shortage data that reflect the capacity of communities to provide well-woman visits• Ability to determine legal authority behind existing memoranda of understanding with governmental agencies in regard to well-woman care• Skills to develop memoranda of understanding with Medicaid and other payers to develop policies that ensure effective services and reimbursement for well-woman care <p><u>Communication</u></p> <ul style="list-style-type: none">• Skills to effectively communicate the importance of preventive services with selected audiences of women• Ability to effectively market well-woman services offered by public health departments in states/territories where Title V provides or supports clinical services for women• Ability to communicate with consumers about their legal rights related to access and quality of preventive care• Skills to effectively integrate preventive service visit initiatives into existing health promotion campaigns for women, including preconception campaigns and healthy heart campaigns
Evidence-based Strategies	Evidence-informed Strategies	Skill Sets
<p><u>Childbirth Education Classes:</u> Support the development of a community-based childbirth education class series.</p> <p><u>Supportive Care from Lay Doulas:</u> Implement a statewide community-based doula program which contracts to local hospitals.</p>	<p><u>Healthy Babies are Worth the Wait (KY):</u> Prevention of preterm births.</p> <p><u>Women's Health Education Navigation (WHEN) Program for Justice-involved families (NY):</u> Improvement of access to services through a strong referral network.</p>	<p>NPM #2 – Low-risk Cesarean Delivery</p> <p><u>Population Health</u> Ability to conduct surveillance of low-risk cesarean delivery first births that allows public health practitioners to understand and respond to disparities in trends regarding cesarean deliveries among low-risk first births.</p> <p><u>Strategic Planning & Program Design</u></p> <ul style="list-style-type: none">• Skills to implement evidence-based “train the trainer” models that use clinician champions to train other providers• Skills in quality improvement to support providers and health systems to make data-informed decisions• Skills to effectively align Title V initiatives related to low-risk cesarean deliveries and perinatal regionalization activities <p><u>Strategic Alliances & Effective Partnerships</u></p> <ul style="list-style-type: none">• Ability to effectively collaborate with March of Dimes and state/territory perinatal quality collaboratives to decrease rates of low-risk cesarean deliveries

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		<ul style="list-style-type: none">• Ability to provide public health support for health systems to conduct quality improvement initiatives designed to decrease low-risk cesarean deliveries• Ability to align low-risk cesarean delivery activities with perinatal regionalization initiatives• Ability to foster collaboration between public and private health care providers in low-risk cesarean delivery <p><u>Consumer Engagement/Cultural & Linguistic Brokering</u></p> <ul style="list-style-type: none">• Skills to identify and involve women of childbearing age in development of program and policy efforts• Ability to engage women and their families as advocates for policy change• Skills to empower women and those that influence them to make decisions about their deliveries <p><u>Policy & Program Implementation</u></p> <ul style="list-style-type: none">• Skills to set up new agreements that include the minimum of what each agreement should include from a Title V perspective• Ability to determine legal authority behind existing memoranda of understanding with governmental agencies• Skills to develop memoranda of understanding with Medicaid and other payers to develop policies that address use of cesarean deliveries in low-risk first deliveries• Ability to understand options available to draw down Medicaid administrative match for Title V programs• Skills to negotiate health system and payer incentives to align with cesarean delivery goals• Skills to develop or edit delivery protocols for medical indications for hospital systems• Skills to ensure evidence-based regulations and guidelines are disseminated to health systems and physician practices <p><u>Communication</u></p> <ul style="list-style-type: none">• Ability to effectively communicate the risks of cesarean delivery to pregnant women so they can make fully informed delivery decisions• Ability to communicate with professional associations to ensure best practices are communicated to physician groups
<p>Also see: NPM # 13 – Preventive Dental Visits NPM #14 - Smoking</p>		

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Perinatal/Infant Health		
Evidence-based Strategies	Evidence-informed Strategies	Skill Sets
<p><u>Multicomponent: Continuing Education of Hospital Providers + State Policies/Guidelines: Support establishment of intra-hospital transportation system and develop educational CME module.</u></p> <p><u>Multicomponent: Access to Providers through Hotline + Continuing Education of Hospital Providers + State Policies/Guidelines: Support a 3-pronged approach.</u></p>	<p><u>Prenatal Plus Program (CO):</u> Care coordination, nutrition, & mental health counseling.</p> <p><u>The JJ Way Model of Maternity Care (FL):</u> Improve birth outcomes.</p>	<p><u>NPM #3 – Risk-appropriate Perinatal Health</u></p> <p><u>Population Health</u></p> <ul style="list-style-type: none">• Ability to calculate quality-adjusted life years (QUALYs) to quantify:<ul style="list-style-type: none">• Impact of appropriate level of care for very low birth weight infants• Rates of morbidity/mortality by social, demographic and economic indicators• Ability to develop estimates of death rates and implications based on percent of very low birth weight infants born in a hospital with a Level III+ neonatal intensive care units (NICU)• Ability to conduct economic analyses for babies born in appropriate (or inappropriate) facilities, including transport costs and potential morbidities associated with inappropriate levels of care• Ability to collect and review perinatal regionalization policies from all hospitals in state/territory• Skills to obtain and establish coordinated data reports for key stakeholders <p><u>Strategic Planning & Program Design</u></p> <ul style="list-style-type: none">• Skills to develop evaluation measures for targeted outreach and progress for the care of very low birth weight infants• Skills in quality improvement to provide public health support of providers and health systems to make data-informed decisions <p><u>Strategic Alliances & Effective Partnerships</u></p> <ul style="list-style-type: none">• Ability to foster collaboration between public and private health care providers in perinatal regionalization efforts• Skills to engage with Level I and Level II hospitals to review very low birth weight data• Ability to align perinatal regionalization activities with low-risk cesarean delivery initiatives• Ability to convene a multi-stakeholder group to assess effectiveness of current perinatal regionalization plans with partners from:<ul style="list-style-type: none">• Public Health• State legislature• Family advocacy groups• Medicaid and other payers• Hospital associations

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		<ul style="list-style-type: none">• Managed care groups• State/territory hospital regulators• Health professional organizations• Health plans <p><u>Consumer Engagement/Cultural & Linguistic Brokering</u></p> <ul style="list-style-type: none">• Ability to engage women at risk and mothers of very low birth weight infants as peer educators• Ability to navigate sensitivities around very low birth weight outcomes with women <p><u>Policy & Program Implementation</u></p> <ul style="list-style-type: none">• Skills to analyze and align NICU levels of care and maternal levels of care• Skills to create or enhance voluntary reporting systems among Levels II and III care facilities• Ability to support implementation of CDC/Collin Level of Care Assessment Tool (LOCATe)• Ability to advocate for increasing numbers of Level III+ hospitals in rural areas to address disparities• Ability to support hospitals or hospital associations with implementation science tools to ensure effective level adjustment when necessary• Skills to analyze authorizing contexts related to levels of care in individual hospitals and determine with policy makers if there are opportunities for improvement• Ability to determine legal authority behind existing memoranda of understanding regarding NICU levels of care regarding relevant agencies• Skills to develop memoranda of understanding with Medicaid and other payers to develop policies that address appropriate Level III+ NICU care for very low birth weight infants• Ability to analyze transport policies and procedures of Level II care facilities to appropriate Level III care facilities• Ability to define policies, procedures, and incentives to women who deliver high-risk newborns in appropriate facilities (beyond transport of infants) <p><u>Communication</u></p> <ul style="list-style-type: none">• Ability to effectively reach women of childbearing age with culturally appropriate and compelling level of care messages• Ability to create unified messages for parents and clinicians about delivery of risk-appropriate hospital levels and their impact on morbidity/mortality outcomes of very low birth weight infants
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NPM #4 - Breastfeeding

Home Visits: Provide training and coaching to MIECHV home visiting staff to promote breastfeeding best practices.

Lactation Consultants: Maintain a 24-hour breastfeeding hotline staffed by a bilingual certified lactation consultant.

Peer Counselors: Utilize breastfeeding peer counselors through WIC programs.

Every Child Succeeds (OH): Building trusting relationships for those with children 0-3.

First 5 California Kit for New Parents (CA): Parenting and community resources.

Population Health

- Ability to conduct surveillance of breastfeeding rates that allows public health practitioners to understand and respond to disparities in breastfeeding rates
- Ability to develop estimates of death rates and implications based on breastfeeding rates
- Ability to calculate quality-adjusted life years (QUALYs) to quantify impact of breastfeeding in local communities

Strategic Planning & Program Design

Ability to apply the socio-ecological framework to breastfeeding

Strategic Alliances & Effective Partnerships

- Ability to convene public health and primary care professionals to align their breastfeeding efforts
- Ability to identify and collaborate with hospital and child care center partners, especially those that serve women least likely to initiate and continue breastfeeding
- Ability to provide public health support for implementation of breastfeeding-friendly hospitals
- Skills to collaborate with private sector partners to increase knowledge of benefits of workplace accommodations
- Skills to encourage Medicaid and managed care organizations (MCOs) to:
 - Collect data on breastfeeding
 - Initiate a performance improvement project that seeks to increase breastfeeding rates among employees
 - Reimburse for the provision of Medical Lactation Therapy services
- Ability to align breastfeeding efforts with safe sleep initiatives

Consumer Engagement/Cultural & Linguistic Brokering

- Skills to promote meaningful participatory practice with families in the development and support of breastfeeding practices
- Ability to effectively engage breastfeeding mothers as peer educators
- Ability to leverage knowledge about cultural, racial, and socioeconomic differences regarding initiation and duration of breastfeeding
- Ability to help consumers understand the rights they have under the Affordable Care Act (ACA) regarding breastfeeding

Policy & Program Implementation

- Ability to leverage opportunities through the ACA and other federal and state policies

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		<p>to support breastfeeding initiatives, particularly:</p> <ul style="list-style-type: none">• Reimbursement for International Board Certified Lactation Consultants• Greater access to pumps,• Leave time for pumping at work,• Ability to provide state public health recognition (e.g. certificates, awards, news releases) for employers, primary care clinics and birth facilities that promote breastfeeding according to the law and national recommendations• Ability to ensure that health care providers have access to tools and best practices regarding breastfeeding and are trained to use the tools in an evidence-based manner• Skills to ensure high-quality breastfeeding support is embedded in programs for which Title V has authority• Ability to support or provide incentives for hospitals to become Baby Friendly or take first steps in becoming Baby Friendly through a state recognition program.• Skills to partner with employers to implement workplace accommodations that they are required to provide by law• Skills to educate policymakers on the value of legislation that:<ul style="list-style-type: none">• Gives women the right to breastfeed in any public or private place• Prohibits restricting or limiting the right of a mother to breastfeed• Ability to establish memoranda of understanding with Medicaid and other payers to promote coverage of breastfeeding services as separately reimbursable pregnancy-related services in hospitals, clinics, and other health care settings• Ability to determine legal authority behind existing memoranda of understanding with partners <p><u>Communication</u></p> <ul style="list-style-type: none">• Ability to use traditional and social media to effectively reach women of childbearing age with culturally appropriate and compelling breastfeeding messages• Skills to train hospital staff as necessary to effectively support breastfeeding• Skills to effectively navigate around conflicting messages between safe sleep and breastfeeding• Skills to ensure that women of color are trained to become skilled lactation support providers
<p><u>Multicomponent: Caregiver Education + Health Care Provider Education + Hospital</u></p>	<p><u>Nurse Family Partnership (National): Partnering nurses with low income mothers.</u></p>	<p>NPM #5 – Safe Sleep Population Health Ability to conduct surveillance of safe sleep that allows public health practitioners to understand and respond to disparities in safe sleep practices</p>

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Safe Sleep Policy: Implement a multicomponent strategy that targets caregivers, child care providers, health care providers, and hospital systems (not including quality improvement components).

Mass Media: National Campaign: Promote the national Safe to Sleep Campaign locally

by providing professionals (e.g., first responders) with safe sleep kits.

Caregiver/Parent Education (e.g., mothers, family members): Partner with WIC, home

visiting, and other programs to provide safe sleep education and counseling to new caregivers.

Welcome Family (MA): Nurse home visit and follow-up phone call to all mothers.

Strategic Planning & Program Design

- Ability to apply the socio-ecological framework to safe sleep
- Ability to ensure that evidence-based safe sleep promotion messages are included in home visiting and care coordination programs for which Title V provides oversight

Strategic Alliances & Effective Partnerships

- Ability to collaborate with federally qualified health centers and school-based health centers to promote policy solutions to unsafe sleep practices
- Ability to partner with Medicaid and managed care organizations (MCOs) to collect and analyze data on sudden infant death syndrome/sudden unexplained infant death (SID/SUID)
- Ability to align safe sleep efforts with breastfeeding initiatives

Consumer Engagement/Cultural & Linguistic Brokering

- Skills to effectively engage expectant families, new parents and intergenerational families in designing safe sleep interventions
- Skills to engage families in needs assessment for safe sleep programs and policies
- Ability to effectively engage new parents as peer educators for safe sleep initiatives
- Skills to respectfully build relationships with families and communicate the importance of safe sleep practices using cultural understanding and humility
- Ability to be sensitive to the cultural norms that impact newborn sleep practices

Policy & Program Implementation

- Skills to ensure high quality safe sleep counseling is embedded in programs for which Title V has authority
- Ability to provide state public health recognition (e.g., certificates, awards, news releases) to health providers, birth facilities, and others who work to reduce SIDS/SUID or lessen its impact on families
- Ability to leverage national safe sleep resources for a public education campaign, including distribution of materials to health providers, health department clinics, child care centers and homes, and families in birth facilities
- Ability to conduct a performance improvement project that attempts to increase rates of safe sleep among enrollees in partnership with Medicaid and/or MCOs
- Ability to effectively communicate with policymakers about the value of laws requiring emergency medical technicians, firefighters, child care providers, and law enforcement officers to receive training on how to handle SID/SUID deaths
- Ability to advocate for adoption of a law that requires post-mortem examinations or autopsies when SID/SUID death is suspected

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		<ul style="list-style-type: none">Ability to create/maintain a child death/fatality review process that includes SID/SUID-specific protocols and SID/SUID experts <p>Communication</p> <ul style="list-style-type: none">Ability to effectively reach women of childbearing age with culturally appropriate and compelling safe sleep messagesSkills to train hospital staff as necessary to effectively support safe sleep practicesSkills to effectively navigate around potentially conflicting messages between safe sleep and breastfeeding
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Child Health and Adolescent Health

Evidence-based Strategies

Home Visiting Programs: Utilize Home Visiting/MIECHV programs to provide the Ages and Stages Developmental Screening tool to clients.

Implementation of Quality Standards: Support statewide learning collaborative for primary care practices + enhanced reimbursement + collaboration with local agencies.

Provider Training: Train medical and childcare providers on developmental screening.

Evidence-informed Strategies

NPM #6 – Developmental Screening
(does NOT include Adolescent Health)

Every Child Succeeds (OH): Building trusting relationships for those with children 0-3.

Nurse Family Partnership (National): Partnering nurses with low income mothers.

Population Health

Ability to conduct surveillance of developmental screening that allows public health practitioners to understand and respond to disparities in screening rates

Strategic Planning & Program Design

- Skills to identify whether programs for which Title V provides oversight, such as home visiting and care coordination, are including evidence-based developmental screening tools
- Ability to establish mechanisms that ensure that children with identified developmental risks and conditions are linked to a family-centered, community-based, and coordinated system of care

Strategic Alliances & Effective Partnerships

- Ability to convene multiple disciplines and systems (e.g., education, early childhood education, health, housing,) to assess, coordinate and increase rates of screening
- Ability to build and/or sustain effective partnerships with primary care providers and early childhood systems, including:
 - Partnership with clinicians and child care health consultants
 - Training for clinicians and child care health consultants
- Ability to build alliances with local chapters of the American Academy of Pediatrics (AAP), other child-serving organizations, and clinical provider organizations to:

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	<ul style="list-style-type: none">• Support developmental screening• Implement quality improvement projects• Establish learning collaboratives <p><u>Consumer Engagement/Cultural & Linguistic Brokering</u></p> <ul style="list-style-type: none">• Ability to partner with parent support groups to promote developmental screening• Ability to assess cultural practices around developmental screening in partnership with parent groups• Ability to partner with consumers to test screening tools for cultural appropriateness• Ability to engage and empower families to be able to seek care and discuss their child's health and health care needs• Ability to ensure that evidence-based screening tool options are available in the most prevalent local languages <p><u>Policy & Program Implementation</u></p> <ul style="list-style-type: none">• Skills to ensure high quality screening tools are embedded in programs for which Title V has authority• Ability to ensure that screening providers have access to tools and best practices and are trained to use the tools in an evidence-based manner• Ability to refer/connect (or support local public health to refer/connect) children identified through positive screenings to existing services in public health and health care systems• Ability to determine legal authority behind existing memoranda of understanding with governmental agencies• Ability to develop memoranda of understanding with Medicaid and other payers to develop policies that address use of developmental screenings, particularly coverage of standardized developmental screening tools for children at their 9-, 18-, and 30-month visits• Ability to effectively use electronic medical records to support screening as appropriate• Ability to support public and private practitioners in efforts to make accommodations for assessing children with special health care needs <p><u>Communication</u></p> <ul style="list-style-type: none">• Ability to effectively communicate with families about the importance of developmental screening• Ability to effectively advocate and communicate with legislators and other policy makers about the importance of developmental screening
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NPM #7 - Injury Hospitalization		
<p><u>Education During Home Visiting Programs:</u> Provide injury prevention education for families participating in home visiting programs.</p> <p><u>Oversight and Regulation of Innovative Programs:</u> Provide oversight and regulation of innovative programs such as comprehensive home safety assessments.</p> <p><u>Person-to-Person Interventions Outside the Clinical Setting:</u> Adopt person-to-person interventions such as the drug disposal program, Count it! Drop it! Lock it!</p> <p><u>School-Based Interventions:</u> Conduct outreach, education campaigns, and trainings in school-based settings.</p>	<p><u>Every Child Succeeds (OH):</u> Building trusting relationships for those with children 0-3.</p> <p><u>Boys' Health Advocacy Program (SD):</u> Increase access to health care services for boys.</p> <p><u>Teen Driving Safety Task Force (UT):</u> Safe driving education campaign for teens.</p>	<p><u>Population Health</u></p> <ul style="list-style-type: none">• Ability to conduct surveillance of child injury that allows public health practitioners to understand and respond to disparities in injury rates• Skills to model drug epidemics, motor vehicle accident patterns, mental health issues, homicides, and other systems-level patterns that influence injury and death rates• Ability to calculate quality-adjusted life years (QUALYs) to quantify impact of child injury in local communities <p><u>Strategic Planning & Program Design</u></p> <ul style="list-style-type: none">• Skills to conduct needs assessment using consumer input, especially regarding effective messages about injury prevention• Ability to appreciate how child injury prevention efforts fit into the larger framework of youth development <p><u>Strategic Alliances & Effective Partnerships</u></p> <ul style="list-style-type: none">• Ability to create injury topic-specific task forces that align multiple sectors in injury prevention efforts, including in the task force:<ul style="list-style-type: none">• Law enforcement• Departments of Education and Transportation• Child Protective Services• Hospitals and community health centers• Universities• Community coalitions• Organizations that serve families and youth• Private sector partners <p><u>Consumer Engagement/Cultural & Linguistic Brokering</u></p> <ul style="list-style-type: none">• Ability to understand and leverage cultural context when considering programmatic and policy changes related to childhood injury prevention• Ability to effectively engage youth as peer educators• Ability to develop and promote positive social norms for child safety that are culturally relevant <p><u>Policy & Program Implementation</u></p> <ul style="list-style-type: none">• Ability to ensure health care providers have access to tools and best practices

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		<p>regarding injury prevention and are trained to use the tools in an evidence-based manner</p> <ul style="list-style-type: none">• Skills to ensure high quality injury prevention counseling is embedded in programs for which Title V has authority• Ability to support regulations that require:<ul style="list-style-type: none">• Smoke detectors, hot water heater temperature controls, and stair safety gates in all homes• Protective restraints in cars• Pool fencing, self-closing gates, and pool alarms• Graduated driver licensing for teens• Toy manufacturer safety standards• Use of serialized, tamper-proof prescription forms by prescribing physicians• Development and use of a prescription drug monitoring program for hospitals• Prohibitions on cellphone use (including hands-free) by youth while driving <p>Communication</p> <ul style="list-style-type: none">• Skills to effectively reach young adults, parents, and caretakers with injury prevention messages• Ability to work with media as part of injury prevention campaigns• Ability to alert the public about emerging injury-related trends• Ability to describe violence and injury as a health problem• Ability to communicate with policymakers and other opinion leaders about the health and financial impacts of injuries and proposed policies
<p>NPM #8 – Physical Activity</p>		
<p><u>Individual Counseling by Health Professionals:</u> Promote physical activity counseling during well-child visits.</p> <p><u>Infrastructure and Environmental Supports for Physical Activity:</u> Promote the development and use of infrastructure that facilitates physical activity (e.g., walking trails, sidewalks, playgrounds, parks).</p>	<p><u>Empower Program (AZ):</u> Promotion of physical activity standards in child care.</p> <p><u>La Vida Sana, La Vida Feliz (IL):</u> Health, nutrition, and fitness promotion program.</p> <p><u>Trauma-Informed Yoga (NV):</u> Specialized yoga for high-risk youth.</p>	<p><u>Population Health</u></p> <ul style="list-style-type: none">• Ability to conduct surveillance of physical activity during childhood and adolescence that allows public health practitioners to understand and respond to disparities in physical activity rates• Ability to analyze obesity trends and select leverage points for physical activity interventions• Ability to develop estimates of death rates related to physical activity rates• Ability to calculate quality-adjusted life years (QUALYs) to quantify impact of physical activity in local communities <p><u>Strategic Planning & Program Design</u></p> <p>Ability to apply the socio-ecological framework to physical activity interventions</p>

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<p><u>Policies Regarding the Use and Promotion of Local Locations and Resources:</u> Develop policies for the use of local locations and resources (e.g., sporting clubs, community centers, shopping malls, schools) and promote physical activity events at these locations.</p> <p><u>Extracurricular Activities for Physical Activity:</u> Provide chances for children and adolescents to be active via before- and after-school activities.</p>		<p><u>Strategic Alliances & Effective Partnerships</u> Ability to collaborate effectively with broad public health campaigns and the private sector in efforts to increase physical activity</p> <p><u>Consumer Engagement/Cultural & Linguistic Brokering</u></p> <ul style="list-style-type: none">• Skills to include children, adolescents, and parents in physical activity intervention planning efforts• Ability to effectively engage youth as peer educators <p><u>Policy & Program Implementation</u></p> <ul style="list-style-type: none">• Ability to ensure health care providers have access to tools and best practices regarding physical activity counseling and are trained to use the tools in an evidence-based manner• Skills to advocate for mandatory evidence-based physical activity interventions during school• Ability to effectively engage in park/land/school joint-use agreements in support of activities that promote physical activity for children and adolescents <p><u>Communication</u></p> <ul style="list-style-type: none">• Ability to effectively communicate with the public about the importance of physical activity• Ability to navigate sensitivities about obesity and provide nuanced communication with children, adolescents and parents to ensure positive engagement• Ability to effectively communicate with policy makers and community leaders about the importance of investing in physical activity policies
<p>NPM #9 – Bullying Prevention <i>(does NOT include Child Health)</i></p>		
<p><u>Adult-Led Counseling, Mentoring, and Support:</u> Increase youth participation in evidence-based mentoring, counseling, or adult supervision programs.</p> <p><u>Suicide Prevention In-Class Training:</u> Provide learning opportunities and support to youth in the classroom</p>	<p><u>Social Support System (National):</u> Intervention using a whole-school approach.</p> <p><u>Take the Lead (National):</u> Curriculum-based bullying prevention program.</p> <p><u>Steps to Respect (National):</u> Social-emotional learning resources.</p>	<p><u>Population Health</u></p> <ul style="list-style-type: none">• Ability to conduct surveillance of bullying that allows public health practitioners to understand and respond to disparities in bullying rates• Skills to effectively analyze all relevant data sources, including school- and county-level data, to identify:<ul style="list-style-type: none">• Sub-groups of children affected by bullying• Geographic areas with high prevalence of bullying• Ability to conduct community-wide bullying assessments where data are otherwise unavailable <p><u>Strategic Planning & Program Design</u></p>

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regarding bullying and suicide prevention.

Strengths-Based Classroom

Training: Provide classroom training for students on positive youth development and non-violence intervention skills.

Trauma Training: Provide

education for school professionals and the community.

- Ability to apply the socio-ecological framework to bullying
- Ability to appreciate how bullying prevention efforts fit into the larger framework of youth development

Strategic Alliances & Effective Partnerships

- Ability to identify and capitalize on mutually reinforcing anti-bullying activities with youth development organizations, safety committees, Girls on the Run and similar programs
- Ability to partner with schools and afterschool programs to support evidence-based anti-bullying programs
- Ability to partner with health care providers and provider organizations to ensure that health care providers screen for emotional distress in youth

Consumer Engagement/Cultural & Linguistic Brokering

- Ability to effectively work with youth to integrate evidence-based anti-bullying interventions in their contexts
- Skills to engage youth to support anti-bullying efforts in younger children, including empowering youth to talk about bullying, aggregating stories, and communicating themes

Policy & Program Implementation

- Ability to support local health departments to participate in anti-bullying activities by sitting on local school and youth development committees to provide input on evidence-based interventions and public health resources
- Skills to support local school efforts to build evidence-based anti-bullying initiatives into school curricula
- Skills to support the development of early screening tools to detect bullying and follow-up tools to monitor youth who have bullied or been bullied to ensure they get to appropriate resources

Communication

- Ability to effectively communicate with youth about bullying-related concepts such as reading social cues, understanding differences, and reflecting on their actions
- Ability to promote community-wide anti-bullying public health campaigns for general public/consumers in youth-friendly places like movie theaters
- Ability to effectively work with media regarding bullying as a public health issue

NPM #10 – Adolescent Well-being
(does NOT include Child Health)

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<p><u>Expanded Insurance Coverage:</u> Ensure adolescents are enrolled in a health insurance program.</p> <p><u>Patient Reminders/Navigator Programs:</u> Support a patient reminder/navigator program that includes telephone and mailed reminders with transportation services.</p> <p><u>Improving Young Adult Health: State and Local Strategies for Success.</u> This guide outlines five real-life strategies that Title V programs can adopt to improve young adult (YA) health.</p>	<p><u>Hospital Transition Planning Tool (TX):</u> EMR-based tool to improve readiness.</p> <p><u>Boys' Health Advocacy Program (SD):</u> Increase access to health care services for boys.</p> <p><u>Youth Advisory Council (RI):</u> Leadership development through council participation.</p>	<p><u>Population Health</u></p> <ul style="list-style-type: none">• Ability to conduct surveillance of adolescent well-visit utilization that allows public health practitioners to understand and respond to disparities in utilization of visits• Ability to use population health surveillance to inform proposed delivery system changes• Skills in analyzing how health care delivery systems identify and refer adolescents for appropriate treatment following a well-visit <p><u>Strategic Planning & Program Design</u></p> <ul style="list-style-type: none">• Ability to employ qualitative methods in needs assessments with families and communities to identify attitudes about root causes of low use of preventive services• Skills in quality improvement to support providers and health systems in making data-informed decisions <p><u>Strategic Alliances & Effective Partnerships</u></p> <ul style="list-style-type: none">• Skills to create and manage external alliances that engage public health, private health plans, federally qualified health centers, school-based health centers, and Medicaid/Children's Health Insurance (CHIP) to increase awareness of adolescent well visit coverage among providers and patients• Skills to manage public health and inter-governmental partnerships that work to advance the health, safety, and well-being of adolescents and the receipt of preventive services• Ability to foster collaboration between public and private health care providers to increase the utilization and quality of adolescent well-visits• Skills in working with other state agencies and relevant organizations from the private sector to improve access to high quality clinical preventive services by vulnerable groups of adolescents, including youth in foster care, homeless youth, and immigrant youth <p><u>Consumer Engagement/Cultural & Linguistic Brokering</u></p> <ul style="list-style-type: none">• Ability to effectively engage adolescents and young adults in policy and program efforts that attempt to increase utilization and quality of preventive health care services for adolescents• Skills to educate and monitor providers about their responsibilities for accessible interactions with adolescents related to confidentiality of care, youth-centered care, translation services, linguistic access, and American Disabilities Act (ADA) compliance• Ability to assist public health and clinical health programs to provide evidence-
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		<p>based health education to youth and families on topics important to adolescent health including, for example, reproductive and sexual health, navigating the health care system, and inter-generational communications, to adolescents and their families in a variety of settings, including schools, and youth organizations</p> <p><u>Policy & Program Implementation</u></p> <ul style="list-style-type: none">• Ability to create evidence-based practices systems that support the planning and implementation of transition from adolescent to adult services by others e.g. providers, health care systems, local public health, schools• Skills to support robust and effective referral systems to preventive services in community settings• Skills to promote health care providers' effective use of youth-oriented community programs as resources to promote healthy development• Ability to include measurements of family perspectives in program evaluation plans• Ability to analyze workforce shortage data that impact capacity of communities to provide adolescent well visits• Ability to analyze and make recommendations to strengthen "adolescent-friendly" payment systems that protect patient confidentiality• Ability to determine legal authority behind existing memoranda of understanding with governmental agencies in regard to adolescent care• Skills to develop memoranda of understanding with Medicaid and other payers to develop policies that promote sharing of data and ensure effective services and reimbursement for adolescent care• Ability to analyze and refine state and health plan policies relevant to confidentiality, minor consent, and explanation of benefits statements <p><u>Communication</u></p> <ul style="list-style-type: none">• Skills to effectively communicate the importance of preventive services with selected adolescent and family audiences• Skills to effectively communicate with health care providers regarding adolescent use of preventive service visits and enhancing the quality and comprehensiveness of the visit• Ability to effectively market adolescent health services offered by public health departments in states/territories where Title V provides or supports clinical services for adolescents• Ability to communicate with adolescents, families, and health care providers information about legal rights related to access and quality of preventive care, especially confidentiality issues related to adolescents
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<p><u>Dedicated Care Coordinators:</u> Use dedicated care coordinators to develop relationships with families to increase timely attendance of well-child visits and respond to the needs of families.</p> <p><u>Provider Alliance and Mid-Level Providers:</u> Use a provider alliance and mid-level providers to create a "one-stop" medical home model to provide community outreach and coordination of services.</p> <p><u>Shared Care Coordination with Home Visiting:</u> Develop early connections to a medical home through care coordination and collaboration with home visiting.</p> <p><u>Provider-School Partnerships:</u> Develop partnerships between primary care providers (PCPs) and school-based health centers (SBHC) to create an expanded medical home model based on care coordination.</p>	<p><u>Health-e-Access Telemedicine Program (NY):</u> Diagnosis/treatment using technology.</p> <p><u>Hospital Transition Planning Tool (TX):</u> EMR-based tool to improve readiness.</p> <p><u>Family Voices of California Project Leadership (CA):</u> Advocacy training for families.</p> <p><u>Oregon Care Coordination Program (OR):</u> Support and resources for CYSHCN.</p>	<p>• Ability to select and use traditional and/or social media to communicate the importance of adolescent visits and shift conversation to a culture of health</p> <p>NPM #11 – Medical Home <i>(Includes Children w/Special Health Care Needs)</i></p> <p><u>Population Health</u></p> <ul style="list-style-type: none">• Skills to effectively use data systems for service delivery improvements and reporting• Ability to assess and report the quality of medical homes within the state or territory <p><u>Strategic Planning & Program Design</u></p> <ul style="list-style-type: none">• Ability to conduct strengths-opportunities-weaknesses-threat analyses to determine how best to support medical home efforts for children within the state or territory• Ability to assess where practices currently fall on the medical home implementation continuum <p><u>Strategic Alliances & Effective Partnerships</u></p> <ul style="list-style-type: none">• Ability to convene stakeholders to:<ul style="list-style-type: none">• Ensure knowledge of, visualize and analyze current medical homes in local communities• Advance medical home service utilization• Identify, understand, and remove barriers to receiving care in medical homes• Support the establishment of new medical homes as appropriate• Build and Maintain a coordinated system from the state/territory level <p><u>Consumer Engagement/Cultural & Linguistic Brokering</u></p> <ul style="list-style-type: none">• Skills to promote patient- and family-centered care that ensures shared decision making for families who use medical homes• Ability to assess cultural competence of services received by families who use medical homes• Skills to support an official role for underserved families in larger stakeholder medical home efforts <p><u>Policy & Program Implementation</u></p> <ul style="list-style-type: none">• Skills in quality improvement to:<ul style="list-style-type: none">• Help guide medical home practices on workflow, ensuring quality health care delivery
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ATTACHMENT B

EVIDENCE-BASED AND EVIDENCE-INFORMED STRATEGIES FOR MCH DOMAINS

		<ul style="list-style-type: none">• Ensure high quality services in medical homes for which Title V has authority• Ability to assist in the development of comprehensive care plans/care planning in medical homes that are driven by families and shared across systems• Ability to adapt standards for pediatric practices, such as the National Committee for Quality Assurance, in medical homes• Ability to implement or support telemedicine clinics as part of medical home model• Ability to determine legal authority behind existing memoranda of understanding with governmental agencies about medical homes• Skills to develop memoranda of understanding with Medicaid and other payers that includes language providing for payment reforms that support medical homes and care integration models• Ability to ensure that Title V-sponsored care coordinators are trained to make and ensure completion of referrals to medical homes• Ability to include measurements of family perspectives in program evaluation plans• Ability to ensure that medical homes can meet the needs of both typically developing children and those with special health care needs <p><u>Communication</u></p> <ul style="list-style-type: none">• Ability to communicate effectively with providers, families, and community stakeholders to align systems and ensure medical homes serve all children who need them• Ability to use traditional and/or social media marketing/outreach to communicate effectively with the public about the importance of medical homes for children and families
<p>NPM #12 – Transition <i>(includes Children w/Special Health Care Needs)</i></p>		
<p><u>Six Core Elements Adaptation with Quality Improvement (QI):</u> Incorporate the Six Core Elements in a learning collaborative or medical center/hospital system with built-in QI activities.</p> <p><u>Training/Educating Youth:</u> Provide training including</p>	<p><u>Community Systems Building Grants for CYSHCN (NC):</u> Capacity-building to launch innovative strategies and county-level and service delivery system change.</p> <p><u>PATCH Program (WI):</u> Improve transition and overall health care experiences.</p>	<p><u>Population Health</u></p> <ul style="list-style-type: none">• Ability to conduct surveillance of adolescents who should be transitioning into adult care each year using state-specific transition tables from the 2009-10 National Survey of Children with Special Health Care Needs (NSCSHCN) or other state-specific data sources that allows public health practitioners to understand and respond to disparities in transition rates <p><u>Strategic Planning & Program Design</u></p> <ul style="list-style-type: none">• Ability to employ qualitative methods in needs assessments with families,

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EVIDENCE-BASED AND EVIDENCE-INFORMED STRATEGIES FOR MCH DOMAINS

communication and social media for adolescents with and without special health care needs who are ready for transition to adult health care.

Peer Support and Mentorship:
Create a peer support and mentorship program or adolescent advisory council to discuss issues around health care transition.

Transition Care Coordination Services: Use care coordinators at clinics to help with appointments, scheduling, education, and other health care transition services.

Care Connection for Children (VA): Care coordination for CYSHCN.

providers and communities to identify attitudes about and root causes of low use of transition services

- Ability to align health care transition efforts with other life skills initiatives for young adults
- Ability to perform a strengths-opportunities-weaknesses-threat analyses to consider ways to best support transition within the state/territory
- Skills in quality improvement to support providers and health systems in making data-informed decisions

Strategic Alliances & Effective Partnerships

- Ability to effectively convene diverse partners in establishing a common goal around coordination of transition, including:
 - Health care systems
 - Insurers
 - Health care providers
 - Education systems
 - Behavioral health
 - Disability support and advocacy organizations
- Organizations representing families, youth, and youth adults with special health care needs
- Ability to build capacity at local level to facilitate coalitions of partners to mobilize around transition planning
- Ability to work with state pediatric, family medicine, internal medicine, and nursing leadership to expand educational efforts about evidence-informed transition efforts

Consumer Engagement/Cultural & Linguistic Brokering

- Skills to effectively engage and partner with families/caregivers, youth and young adults in transition quality improvement efforts
- Ability to connect with existing patient navigators and care coordination systems to align transition efforts
- Skills to facilitate self-determination, leading to independence for youth, in systems where Title V programs are directly responsible for transition
- Utilize the Got Transition assessment tools to do an initial assessment and document improvement of involvement of youth and families in their transition approach

Policy & Program Implementation

- Ability to critically review transition strategies and measures suggested by MCHB

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ATTACHMENT B

EVIDENCE-BASED AND EVIDENCE-INFORMED STRATEGIES FOR MCH DOMAINS

<p><u>Public Insurance Coverage (13.2):</u> Collaborate with Medicaid to increase the number of children and youth who have had a preventive dental visit in the past year.</p> <p><u>School/Preschool Interventions (13.2):</u> School-Based Dental Services/Head Start</p> <p>Participation: Increase oral</p>		<p>and Got Transition</p> <ul style="list-style-type: none">• Ability to analyze when efforts should move beyond programs and clinics toward supporting broader system changes that support funding of transition, especially for youth with special health care needs• Ability to leverage the Affordable Care Act (ACA) provisions that allow children to stay on parent insurance through the age of 26• Ability to determine legal authority behind existing memoranda of understanding with governmental agencies in regard to transition services• Skills to develop memoranda of understanding with Medicaid and other payers to develop policies that ensure effective transition• Ability to work with state pediatric, family medicine, internal medicine, and nursing leadership to expand educational efforts of evidence-based transition efforts• Ability to include measurements of family perspectives in program evaluation plans <p><u>Communication</u></p> <ul style="list-style-type: none">• Ability to effectively communicate with families, youth and adults about the importance of early and ongoing transition planning, especially for those with special health care needs• Ability to use life course language to communicate importance of transition services• Ability to adapt transition language to make it understandable for individuals outside MCH programs• Ability to effectively communicate positively with both pediatric and adult leaders, medical educators, and clinicians about evidence-based transition strategies
<p>NPM #13 – Preventive Dental Visits</p> <p><u>Virtual Dental Home (HI):</u> Community-based dental services.</p> <p><u>Children's Dental Services (MN):</u> Safety net services for underserved populations.</p> <p><u>Home by One Program (CT):</u> Trainings for parents, case managers, and providers.</p> <p>Population Health</p> <ul style="list-style-type: none">• Ability to conduct surveillance of oral health services during pregnancy, early childhood and adolescence that allows public health practitioners to respond to disparities in utilization of oral health services• Ability to identify workforce shortage areas related to:<ul style="list-style-type: none">• Dental provider adequacy• Dental provider competencies• Primary care provider competencies• Excess utilization of emergency care for preventable dental problems <p>Strategic Planning & Program Design</p>		

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EVIDENCE-BASED AND EVIDENCE-INFORMED STRATEGIES FOR MCH DOMAINS

health referrals among children and youth through School Based Health Centers (SBHCs).

[Provider Education \(13.1\)](#): Collaborate with Early Head Start programs, home visiting Supplemental Nutrition Program for Women, Infants, and Children (WIC) clinics to train staff to provide preventive oral health care to pregnant women and referrals to oral health professionals for dental visits.

[Caregiver Education/Counseling \(13.2\)](#): Increase preventive dental visits by sharing postcards with information on dental enrollment and appointments.

- Ability to support integration of medical and dental records for pregnant women, adolescents, and children
- Skills to support robust and effective oral health referral systems in community settings for oral health
- Ability to identify and implement evidence-based practices to address provider shortages and provider competencies

Strategic Alliances & Effective Partnerships

- Ability to convene and train medical and dental providers to:
 - Include oral health promotion in primary care settings
 - Include primary care health promotion in oral care settings
 - Establish/improve bi-directional referral and follow-up systems
- Ability to effectively partner with Medicaid, dental providers, and professional oral health organizations to assess and improve systems for pregnant women and youth, including those with special health care needs

Consumer Engagement/Cultural & Linguistic Brokering

Ability to consider local community culture to identify the most effective strategies and channels of communication for oral health messages

Policy & Program Implementation

- Skills to ensure that high quality oral health counseling is:
 - Embedded in programs for which Title V has authority (including medical home initiatives and EPSDT)
 - Offered by providers that serve pregnant women, adolescents, and children, including children and youth with special health care needs
 - Skills to support robust and effective referral systems for oral health services within all programs Title V delivers
- Ability to determine legal authority behind existing memoranda of understanding with governmental agencies in regard to dental services
- Skills to develop memoranda of understanding with Medicaid and other payers to develop policies that ensure effective services and reimbursement for oral health services

Communication

- Ability to communicate with policymakers about oral health and financial impacts of poor oral health
- Ability to write and disseminate policy briefs and media messages that effectively increase awareness of the need for oral health care during pregnancy,

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EVIDENCE-BASED AND EVIDENCE-INFORMED STRATEGIES FOR MCH DOMAINS

<p><u>Telephone Counseling + Education Materials</u>: Provide telephone counseling + educational materials to reduce children's exposure to secondhand smoke in the home.</p> <p><u>Incentives</u>: Incentives to reduce smoking during pregnancy.</p> <p><u>Health Education</u>: Provide health education to reduce smoking during pregnancy.</p> <p><u>Clinic-based Counseling + Education Materials</u>: Provide in-person counseling + educational materials during visits with a health care provider to reduce child exposure to secondhand smoke</p>		<p>capitalizing on pregnancy insurance coverage benefits</p> <ul style="list-style-type: none">• Ability to communicate, via traditional and social media, accurate, consistent and motivational oral health messages for pregnant women and children, including the benefits of sealants• Ability to effectively communicate with dentists and professional dental organizations to highlight the guidelines about dental care during pregnancy, infancy, and early childhood• Ability to communicate with medical homes about the importance of oral health• Ability to communicate with prenatal care providers about the importance of oral health• Skills to create effective public health messages about the negative impact poor oral health has on school readiness and academic achievement• Skills to create effective public health messaging about the relationship between poor oral health care and chronic health conditions such as gum disease, diabetes, heart disease, and stroke
<p>NPM #14 - Smoking</p> <p><u>Baby and Me Tobacco Free (National)</u>: Tobacco cessation counseling & management.</p> <p><u>One Tiny Reason to Quit (VA)</u>: Social marketing directed to African-Americans.</p> <p><u>Internal Care Program (AZ)</u>: Care coordination and health education.</p> <p><u>Population Health</u></p> <ul style="list-style-type: none">• Ability to conduct surveillance of tobacco use during pregnancy and adolescence that allows public health practitioners to understand and respond to disparities in smoking rates• Ability to develop estimates of death rates and implications based on tobacco use rates• Ability to calculate quality-adjusted life years (QALYs) to quantify impact of tobacco use in local communities <p><u>Strategic Planning & Program Design</u></p> <ul style="list-style-type: none">• Ability to effectively leverage home visiting and other programs for which Title V has authority as a way to assess and address household tobacco use• Ability to apply the socio-ecological framework to smoking during pregnancy and household smoking <p><u>Strategic Alliances & Effective Partnerships</u></p> <ul style="list-style-type: none">• Ability to collaborate to promote policy solutions with public housing officials, Medicaid and other payers for secondhand smoke interventions• Ability to address economic interests related to tobacco use among various stakeholders• Ability to effectively negotiate and utilize conflict resolution skills to support local partners in enforcement of smoke-free areas		

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ATTACHMENT B

EVIDENCE-BASED AND EVIDENCE-INFORMED STRATEGIES FOR MCH DOMAINS

in the home.

Consumer Engagement/Cultural & Linguistic Brokering

- Skills to engage consumers in needs assessment regarding tobacco and alternative tobacco delivery use
- Ability to effectively engage youth as peer educators for tobacco prevention efforts

Policy & Program Implementation

- Ability to ensure health care providers have access to tools and best practices regarding tobacco use/reduction/cessation and are trained to use the tools in an evidence-based manner
- Skills to ensure high quality tobacco counseling is embedded in programs for which Title V has authority
- Skills to support robust and effective referral systems for tobacco cessation, especially for pregnant women
- Skills to effectively use electronic medical records for tobacco screening
- Skills to develop memoranda of understanding with Medicaid and other payers to develop policies that reduce tobacco exposure
- Ability to navigate political sensitivities around tobacco use and find common ground for action

Communication

- Skills to communicate effectively with tobacco users
- Ability to build capacity at local level to facilitate coalitions of partners to mobilize tobacco prevention and control messages
- Ability to communicate with policymakers about health and financial impacts of secondhand smoke exposure and pregnant women's tobacco use
- Ability to work with young adults as part of preconception health campaigns
- Ability to effectively reach young adults with tobacco messages specific to their local community and demographic profile

NPM #15 – Adequate Insurance

(includes Children w/Special Health Care Needs)

Health-e-Access Telemedicine Program (NY):

Diagnosis/treatment using technology.

Parent Child Assistance Program (PCAP) (WA):

Insurance Utilization Support:
Insurance enrollment helpline.

Healthcare Delivery Quality Improvement (QI initiatives): On-site medical practice care coordination services.

Population Health
Skills to monitor trends of insurance adequacy for children

Strategic Planning & Program Design

- Skills to train local partners about insurance coverage options
- Skills to map networks of adequate and inadequate coverage

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EVIDENCE-BASED AND EVIDENCE-INFORMED STRATEGIES FOR MCH DOMAINS

<p><u>Health Insurance Enrollment Outreach and Support</u>: For un-/under-insured families.</p> <p><u>Patient Navigators</u>: Provide care coordination to guide patients through supports.</p> <p><u>Strategies</u> states are using to improve and finance care for CYSHCN</p>	<p>Advocacy/case management for mothers.</p> <p><u>MN Care Coordination Systems Assessment and Action Planning (MN)</u>: Care Coordination assessment.</p>	<p><u>Strategic Alliances & Effective Partnerships</u></p> <ul style="list-style-type: none">• Ability to collaborate with partners to promote insurance coverage, including:<ul style="list-style-type: none">• Accountable care organizations (ACOs) and managed care organizations (MCOs)• Medicaid and Children's Health Program (CHIP)• Ability to align efforts to enroll children in health insurance with other initiatives related to insurance coverage for the population as a whole <p><u>Consumer Engagement/Cultural & Linguistic Brokering</u></p> <ul style="list-style-type: none">• Skills to engage consumers, especially families of children and youth with special health care needs, to:<ul style="list-style-type: none">• Serve as peer educators• Provide input into Title V outreach effort plans <p><u>Policy & Program Implementation</u></p> <ul style="list-style-type: none">• Skills to identify, assess, and select appropriate outreach and enrollment activities for state and local jurisdictions• Skills to train local health agencies and health care providers to effectively inform families about insurance coverage options• Skills to support robust and effective referral systems for insurance enrollment• Skills to assist with enrollment in insurance for children <p><u>Communication</u></p> <ul style="list-style-type: none">• Skills to effectively communicate with families about insurance coverage options• Ability to effectively use traditional and social media to conduct outreach for insurance enrollment• Ability to communicate effectively with decision makers/local legislators regarding:<ul style="list-style-type: none">• The health impacts of insurance coverage• The economic benefits of insurance coverage• Ability to effectively communicate with decision makers/legislators regarding the importance of adequate coverage for children (CHIP reauthorization, Medicaid expansion, etc.)
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Children with Special Health Care Needs

See Child Health and Adolescent Health:
NPM #11 – Medical Home

CONTRACT NUMBER

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ATTACHMENT B

EVIDENCE-BASED AND EVIDENCE-INFORMED STRATEGIES FOR MCH DOMAINS

NPM #12 - Transition

NPM #15 -- Adequate Insurance

Cross-Cutting/Systems Building

Strategies include but are not limited to:

- Family partnership activities that cross all population health domains.
- Social determinants of health
- Workforce development
- Enhanced data infrastructure
- Capacity Building
- Oral Health
- Injury Prevention
- Access to care

Emerging Issues

Projects and/or strategies that become prominent and/or are unique to a particular County. These strategies will require pre-approval from ADHS (see Attachment G). Projects such as: reassignment of staff to address the COVID-19 pandemic or any other public health emergency, conducting focus groups to determine how to improve services for children/youth with special health care needs, etc.

INTERGOVERNMENTAL AGREEMENT (IGA)
ATTACHMENT C
CONTRACTOR EXPENDITURE REPORT

CONTRACT NUMBER
 IGA2020-039

Arizona Department of Health Services
 Accounting/Contracts
 150 N 18th Ave, Ste 280
 Phoenix, Arizona 85007

CONTRACTOR'S EXPENDITURE REPORT **PO-** _____
 ADHS

1. Contract Number _____
 2. Contractor Name _____
 3. Title of Program _____
 4. Reporting Period: _____ To _____

Cost Reimbursement - Cumulative Actual Expenditures
 Fixed Price
 Periodic Report
 FINAL REPORT

Contractor's Detailed Statement of Expenditures and Fixed Price

APPROVED BUDGET (Matches ORIGINAL Contract Price Sheet) (a)	REVISED BUDGET (from ADHS INTERNAL Adjustments)	Prior Report Period Year to Date Expenditures (b)	Current Reporting Period Expenditures (c)	Total Year to Date Expenditures (d)
A. Account Classification:				
Personnel Services				\$ -
ERE				\$ -
Professional and Outside Services				\$ -
Travel				\$ -
Occupancy				\$ -
Other Operating				\$ -
Capital Outlay				\$ -
Indirect				\$ -
Total	\$ -	\$ -	\$ -	\$ -

ADHS USE ONLY

ADHS PROGRAM _____

COORDINATOR CERTIFICATION:
 Performance satisfactory for payment
 Performance unsatisfactory, withhold payment
 No payment due

THIS SECTION FOR ADHS ACCOUNTING USE ONLY

Total Expenditures or total Fixed Price _____
 Adj (if required): _____
 Less: Year to date payments _____
 Adj (if required): _____
 Net payment due: _____

7. CONTRACTOR CERTIFICATION
 I certify that this report has been examined by me, and to the best of my knowledge and belief, the reported expenditures and fixed price information is valid, based upon our official accounting records (book of account) and consistent with the terms of the contract. It is also understood that the contract payments are calculated by the Department of Health Services based upon information provided in this report.

PROGRAM COORDINATOR SIGNATURE/DATE _____
 AUTHORIZED CONTRACTOR'S SIGNATURE / TITLE / DATE _____
 PLEASE PRINT - PREPARED BY / PHONE NUMBER _____

CONTRACT NUMBER	INTERGOVERNMENTAL AGREEMENT (IGA)
IGA2020-039	ATTACHMENT D FINANCIAL SUPPORTING DOCUMENTATION

For Cost Reimbursement contracts, Counties are required to maintain sufficient documentation in the form of receipts in support of **expenses incurred for any purchases that are being claimed for reimbursement or applied as match dollars** to a budget. Supporting documentation is essential for successful auditing, monitoring and processing of Contractor Expenditure Reports (CERs). County contractors are to follow the guidelines below:

- Supporting documentation shall be kept by the Contractor and does NOT need to be submitted with CERs with the exception of:
 - Travel documentation (in-state and out-of-state), and
 - Single purchases of equipment/assets exceeding \$250
- The ADHS Office of Auditing may conduct random audits each year. All supporting documentation, upon request by ADHS, must be provided for review.
 - It is strongly recommended that supporting documentation be maintained in an organized and readily available manner as delays in providing documentation for an Audit will delay reimbursement of a CER.

Acceptable support documentation of expenses by line item that should be retained and/or submitted includes:

Supporting Documentation of Expenses			
Line Item	Supporting Documentation Needed	Applicable Manual	
		State of Arizona Accounting Manual (SAAM)	Office of Management & Budget Code of Federal Regulation 2 (CFR) Part 200 (OMB)
Personnel	<ul style="list-style-type: none"> • Staff time sheets /labor distribution, and • Staff pay stubs or electronic pay records <p><i>Please note that signatures must be in the form of an electronic signature with a time/date stamp (if converted to a PDF) or must be hand-written. Names that are typed out (regular font or cursive) are not allowable and can be considered a finding if ever audited. Signatures must indicate true authenticity of the signer.</i></p>	Topic 55 Section 05 & 15	2 CFR 200.430
Employee Related Expenses (ERE)	<ul style="list-style-type: none"> • Staff pay stubs or electronic pay records 	Topic 55 Section 05 & 15	C CFR 200.431
Professional & Outside Services	<ul style="list-style-type: none"> • Paid invoice for service 	Topic 45 Section 20	2 CFR 200.302(3)
Travel	<u>Out-of-state and In-state (out of Contractor area)</u>	Topic 50 Section 05	2 CFR 200.474

CONTRACT NUMBER	INTERGOVERNMENTAL AGREEMENT (IGA)
IGA2020-039	ATTACHMENT D FINANCIAL SUPPORTING DOCUMENTATION

	<p><u>Travel reimbursements</u> claim form which includes traveling employee's name, date(s) of travel, time of departure and return, reason for travel, claim signed by traveler and their supervisor and</p> <ul style="list-style-type: none"> • Itemized copies of all receipts - hotel, meals, transportation, etc. • Copy of the meeting/conference agendas <p><u>Mileage claims</u> that include start & end odometer readings, travel to/from, date of travel, signed by employee and supervisor</p> <p><i>Please note that signatures must be in the form of an electronic signature with a time/date stamp (if converted to a PDF) or must be handwritten. Names that are typed out (regular font or cursive) are not allowable and can be considered a finding if ever audited. Signatures must indicate true authenticity of the signer.</i></p>	<p>Section 25 Section 45 Section 55 Section 95</p>	
Occupancy	Bill, invoice, receipt or lease agreement and allocation breakdown	Topic 45 Section 20	2 CFR 200.302(3)
Other Operating	<ul style="list-style-type: none"> • Itemized receipts and/or paid invoice to supplier • Percentage being billed, if expenses are divided amongst multiple programs 	Topic 45 Section 20	2 CFR 200.302(3)
Capital Outlay	<ul style="list-style-type: none"> • Paid invoice for service 	Topic 45 Section 20	2 CFR 200.302(3)
Indirect	<ul style="list-style-type: none"> • Contract Itemized Price Sheet • RFGA Budget Worksheet • Federally approved indirect cost letter 	Topic 70 Section 40	2 CFR 200.414 Appendix III Part 200 Appendix IV Part 200

CONTRACT NUMBER	INTERGOVERNMENTAL AGREEMENT (IGA)
IGA2020-039	ATTACHMENT E
	LINE ITEM BUDGET MOVE REQUEST

Note: This document is provided only for County use to assist with tracking budget line item moves to determine if/when a contract amendment needs to be requested.

BUDGET LINE ITEM MOVES

Revised Budget Per 25% Movement Between Line Items						
<i>(Budget moves exceeding 25% of total annual budget or to a non-funded line item will require a contract amendment.)</i>						
Account Classification	Approved Contract Budget	Total Budget Change 00/00/00	Total Budget Change 00/00/00	Total Budget Change 00/00/00	Revised Budget *	% of Budget Change
Personnel Services					\$0.00	#DIV/0!
ERE					\$0.00	#DIV/0!
Professional & Outside Services					\$0.00	#DIV/0!
Travel Expenses					\$0.00	#DIV/0!
Occupancy Expense					\$0.00	#DIV/0!
Other Operating Expenses					\$0.00	#DIV/0!
Indirect					\$0.00	#DIV/0!
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
Total Amount & Percentage of Movement Request	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!

CONTRACT NUMBER	INTERGOVERNMENTAL AGREEMENT (IGA) ATTACHMENT F REQUEST FOR PURCHASE OF FOOD
IGA2020-039	

Request for Purchase of Food

When food costs exceed the allowable thresholds (\$500 per event and cumulative cost less than \$5,000 annually), requests to purchase food shall be required by completing the Request for Purchase of Food form and submitting to the MCH HAF Program Manager.

Agency Name:

MCH HAF IGA Contract Number:

A. A description of the event, including the public purpose of the meeting, the programmatic benefit of the meeting, how the benefit of the meals or refreshments exceeds the cost, and any alternatives that have been considered:

B. A description of the target audience:

C. An estimate of the number of participants and a breakout of the number of staff and the estimated number of participants:

D. A description of the meals or refreshments to be provided and the estimated cost:

E. The funding source(s) for the food:

F. A draft agenda or similar document with beginning and ending times of the meeting, and the activities planned to coincide with the meals/refreshments:

G. The name(s), title(s), contact number(s) and email address(s) of the contact for the event (if there are several individuals involved, please list all of them, along with the other information listed above):

H. This request form and the supporting documentation establish a clear purpose for the event. As the contractor, you certify that this event serves a valid public purpose and the meals, or refreshments do not violate **Article 9, Section 7**, "Gift or Loan of credit; subsidies; stock ownership; joint ownership" of the Arizona Constitution."

County Program Manager Signature _____ Date _____

BWCH Financial Manager Signature _____ Date _____

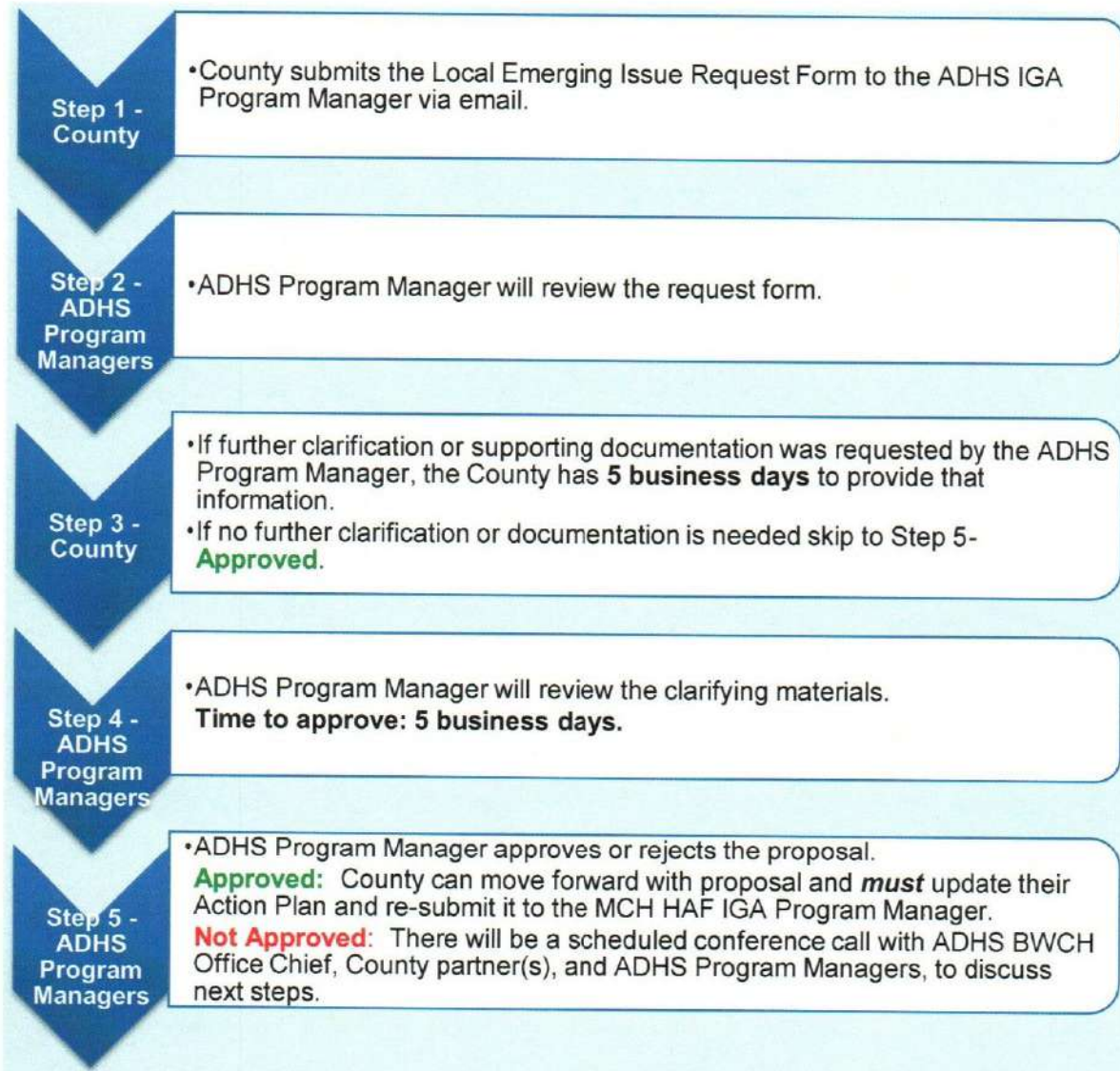
MCH HAF Signature _____ Date _____

Approved _____ Denied _____

CONTRACT NUMBER	INTERGOVERNMENTAL AGREEMENT (IGA) ATTACHMENT G EMERGING ISSUES APPROVAL PROCESS
IGA2020-039	

The local emerging issues approval process should be followed by the County partners when seeking to work on local emerging issues within the MCH HAF IGA. ADHS requires justification of the local emerging issue and the County staff can work with their designated program manager to identify potential documentation that will be acceptable.

This document was created in order to have a clear approval process in place. By following these steps, the local emerging issues' proposals will be approved in a timely manner, without delay.



Note: Time frame for ADHS approval may be outside of the 5 business days listed above based on the emerging issue, program, and funding guidelines.

CONTRACT NUMBER	INTERGOVERNMENTAL AGREEMENT (IGA) ATTACHMENT G EMERGING ISSUES APPROVAL PROCESS
IGA2020-039	

Please Fill in the Local Emerging Issue Request Form

Local Emerging Issue Request	Responses
Program Area	<i>Choose one:</i> MCH HAF IGA: <input type="checkbox"/> Family Planning <input type="checkbox"/> Maternal Child Health <input type="checkbox"/> Children and Youth with Special Health Care Needs
Proposed Local Emerging Issue(s)/Project Title	
Staff Members Working on Project (List Names and Titles)	
Source (s) of the Projected Funds	
Time Period (Dates) That the Funds Will Be Utilized/Spent	
Proposed Funding Total	
Proposed Staff Time Spent	
Justification for Use of Funds (i.e. documentation from Health Officer on the emerging issue, County data, etc.)	
How Does This Project Connect with the MCH HAF IGAs?	
Population(s) or System(s) Impacted	
Describe How You Propose to Evaluate the Project to Show Impact/Success	
If Also Allocating Non-Personnel Resources (supplies, travel, etc.) Please Indicate That Here and Provide Funding Total and Justification for Use of Funds	
Line Item Budget is Attached (If cost sheet created please attach)	

ADHS Use Only:
Request is: Approved Rejected
--Insert e-Signature--
Staff Signature and Date

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ARIZONA DEPARTMENT
OF HEALTH SERVICES



Title V

Reproductive Health/Family Planning Program

Policies and Procedures Manual

Rev. April 2020

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CHAPTER 1: INTRODUCTION

1.1 Program Background and Description

The mission of the Bureau of Women’s and Children’s Health (BWCH) is to “strengthen the family and community by promoting and improving the health status of women, infants, and children.” This is accomplished through the provision of community-based services and the facilitation of systems development. The Bureau of Women’s and Children’s Health administers the federal Maternal Child Health Title V Block Grant and other federally funded programs, as well as private and state supported programs.

The Bureau of Women’s and Children’s Health, Reproductive Health/Family Planning Program is a statewide, clinic-based, program that provides comprehensive family planning and reproductive health services to promote optimal health to Arizona’s men and women. Services include education, screening, counseling, and medical and referral services that enable people to make voluntary and informed decisions. Program services are preventive health services that enhance maternal and infant health, and the emotional and social health of the individual and the family.

Reproductive health and family planning is a cost effective intervention that plays a key role in health care delivery. Clinics are often the entry point into the health care system, and may be the only source of health care for the low income, for the young, and for the underinsured and the uninsured. Program services promote responsible and healthy lifestyles by providing accurate information, education, and counseling to people regarding their reproductive health and family planning options. Program services provide individuals with the information and means to exercise personal choice in determining the number and the spacing of their children.

Research indicates that women who can plan and space their pregnancies are likely to have healthier babies. The reduction of unplanned pregnancy increases the likelihood that women will receive early and continuous prenatal care. Improved birth outcomes include a reduction of birth defects, decreases in infant mortality, and decreases in the incidence of low birth weight babies. An important social statistic indicates that children born to individuals who are prepared for them are less likely to be abused and/or neglected.

Clients receive initial or annual exams which include a choice of a family planning method, cancer and Sexually Transmitted Infection (STI) screenings. Clients also receive treatment as indicated, pregnancy testing, counseling, education, and referrals to other medical services as needed. It is vital that reproductive health and family planning services be available, accessible, and linked to other types of necessary medical, social, educational, and financial resources in communities throughout Arizona.

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1.2 Authority for the Program

Arizona Revised Statutes, ARS §36-104(1)(c)(i), authorizes the Director of the Arizona Department of Health Services (ADHS) to administer community health services which are to include medical service programs for family planning.

1.3 Mission Statement

The mission of the Reproductive Health/Family Planning Program is:

- A. To provide preventive health services to enhance the emotional, physical, and social health and well-being of mother's, children, and the whole family unit.
- B. To enable individuals to make and implement educated personal decisions regarding the quantity and spacing of their children
- C. To make reproductive health and family services available and easily accessible to all who seek such assistance

1.4 Reproductive Health/Family Planning, Maternal and Child Health Block Grant

To assure that mothers and children (in particular, those with low income or with limited access to health services) receive quality maternal and child health services, the United States Congress enacted Title V of the Social Security Act. Title V provides funds via the federal Maternal and Child Health Services Block Grant for the health promotion of mothers and children, particularly through preventive and primary care services for the low-income population. Title V also provides support for prenatal care, delivery assistance, and postpartum care for low-income mothers. Recognizing that reproductive health and family planning services are important components of maternal and child health care, the Bureau of Women's and Children's Health contributes a portion of this block grant to address various reproductive health and family planning needs.

The funding for reproductive health and family planning services administered by the Bureau of Women's and Children's Health is supported entirely by dollars received from the federal Maternal Child Health Title V Block Grant.

1.5 Other Reproductive Health/Family Planning Programs

A. Infertility Prevention Project (IPP) Referrals

Gonorrhea and chlamydia infections are considered major cause of pelvic inflammatory disease (PID), ectopic pregnancy and related infertility among women in Arizona and in the United States. ADHS Sexually Transmitted Disease Control Program (STDCP) manages the IPP component of the CDC Comprehensive STD Prevention Services (CSPS) Cooperative Agreement grant. The overall goal of the IPP is to assess and reduce the prevalence of chlamydial and gonococcal infection, and associated complications through increased education and training, targeted screening, timely, and effective treatment, effective partner referral and treatment, and dissemination of chlamydia-related information to providers and policy makers

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in order to reduce infertility among women through the screening and treatment of chlamydia.

Should the contractor choose to participate in this program, the Contractor agrees to:

1. Provide universal chlamydia and gonorrhea screening for all women at Title V Health Clinics, during the first visit and annually thereafter. Prevalence requirements may change as funds for testing dictates.
2. Provide client level services including treatment, education and counseling, as well as partner elicitation and services.
3. Provide staff training in the process for collecting specimens, client education, referral, confidentiality, reporting, and requisition of laboratory supplies.
4. Provide comprehensive reports in a timely manner as dictated

Contingent upon the availability of IPP funds, ADHS' contracted laboratory will provide Contractor testing collection kits for the target population of women 25 years of age and younger at no cost. Failure to adhere to Region IX Infertility Prevention Chlamydia Clinical Guidelines may result in elimination of Chlamydia testing funds.

Contingent upon availability, IPP agrees to provide Contractor with dosages of azithromycin at no charge for treatment of Title V patients. If azithromycin is no longer available, Contractor will provide treatment at Contractor's expense or provide appropriate referrals for target population for treatment of a positive Chlamydia test result. Contractor agrees to submit the IPP Azithromycin Usage Report on a monthly basis to IPP.

B. Title X, Public Health Service Act

Congress enacted the Family Planning Service and Population Research Act, which added Title X, Population Research, and Voluntary Family Planning Programs, to the Public Health Service Act. Title X is administered by the Office of Population Affairs, a department within the U.S. Department of Health and Human Services. The regulations governing Title X are contained in the Code of Federal Regulations, (CFR), (42 CFR, Subsection A, Part 59). These regulations govern the provision of family planning services nationwide. In Arizona, The Arizona Family Health Partnership (AFHP) administers these funds and services. All clinics provide basic medical, educational, and counseling services related to contraception and pregnancy testing. These services are targeted for low-income women and men.

C. Title XIX

Title XIX of the Social Security Act funds federal Medicaid programs. Arizona's version of the Medicaid program is the Arizona Health Care Cost Containment System (AHCCCS). AHCCCS acts as the health insurer for low income Arizonans who qualify for various state and federal programs. Enrollees are entitled to receive health care benefits, including family planning services through prepaid managed care health plans. Family planning services are covered services for Title XIX enrollees, but

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AHCCCS health plans may elect at the time of contract negotiations not to provide family planning services directly. In those cases, services must be made available on a fee-for-service basis through referrals to AHCCCS registered providers.

1.6 Program Goals and Objectives

A. The overall goal of the Reproductive Health/Family Planning Program is to provide comprehensive health services to promote optimal health, outcomes, and wellness for all Arizonans.

1. Related goals include:
 - a. Promoting safe sexual behaviors
 - b. Improving access to quality health care
 - c. Improving maternal and infant health
2. The related Bureau of Women’s and Children’s strategic plan priority is to improve the health of women prior to pregnancy.

B. The objectives of the Reproductive Health/Family Planning Program are to:

1. Decrease the teen pregnancy rate by providing reproductive health and family planning education, counseling, medical care, and referral services to adolescents statewide
2. Ensure access to health care by providing reproductive health and family planning education, counseling, medical care, and referral services to low- income individuals living in rural and other underserved areas

By meeting these objectives, Program services aim to improve birth outcomes by reducing birth defects, decreasing infant mortality, and decreasing the incidence of low birth weight babies. These services also aim to improve the emotional and social health of the individual and the family by decreasing the stress that can be caused by an unplanned pregnancy.

1.7 The Purpose of this Manual

The purpose of this manual is to document the Reproductive Health/Family Planning policy and procedures for the Maternal and Child Health Title V Block Grant Contractors to use in development, implementation, and management of the Program. The manual is to be used to supplement terms of the contracts as indicated in the Scope of Work (SOW). Program Contractors, Department Administration, and other interested parties are to use this manual for reference and to provide more detailed information than contained in the contract. Reproductive health and family planning Contractors are required to adhere to the requirements and guidelines set forth in this manual, and are also responsible for incorporating any policy changes into their operations.

Revisions to the manual will be distributed to all Contractors at least thirty days prior to the effective date of any change, when appropriate. Contractors may consider keeping relevant correspondence and program updates as an Appendix to this document. If this reference

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does not answer a question or concern, or if Contractors have suggestions for additional information that might be included in the policy manual, please contact the Reproductive Health/Family Planning Program Manager via any of the information below:

Physical Address:

Attention: Family Planning Program Manager Arizona
Department of Health Services
Bureau of Women's and Children's Health 150 N. 18th
Avenue, Suite 320
Phoenix, Arizona 85007-3242
Office Number: 602-364-3124
Preferably e-mail: alison.lucas@azdhs.gov

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CHAPTER 2: GLOSSARY

1. “ACOG” means the American College of Obstetricians and Gynecologists. ACOG establishes and promotes standards for women’s health care.
2. “ADHS” means the Arizona Department of Health Services. The Department is the Arizona state agency that is mandated to promote, protect and improve the health of the people of the state of Arizona. The Department is responsible for administering public health services and a variety of community health programs, including the Reproductive Health/Family Planning Program.
3. “AHCCCS” means the Arizona Health Care Cost Containment System. AHCCCS is the Arizona state agency that administers health care benefits and services for persons who are eligible for Title XIX services (Medicaid) or other low-income medical assistance programs.
4. “Annual Review” means compliance-based site visits that are conducted to ensure that services are delivered pursuant to the terms and conditions of the contract and in accordance with the Reproductive Health/Family Planning Program Policy and Procedure Manual. All Contractors will have at least one compliance-based site visit at least every two years, either virtually or in person, as circumstances dictate.
5. “Annual Visit” means an established client’s yearly comprehensive well-woman preventive visit. Please click this link for updated guidelines for the annual visits: <https://www.womenspreventivehealth.org/recommendations/well-woman-preventive-visits/>. A client may only have one annual visit in a twelve month period.
6. “BWCH” means the Bureau of Women’s and Children’s Health at the Arizona Department of Health Services.
7. “CDC” means the Centers for Disease Control and Prevention, a federal public health agency. The CDC is recognized as the lead federal agency for protecting the health and safety of people in the United States and abroad, providing credible information to enhance health decisions, and promoting health through strong partnerships. The CDC serve as the national focus for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to improve the health of the people of the United States.
8. “Client” means an individual who receives reproductive health/family planning services through the Program.
9. “Clinic Site” means an outpatient facility, or part of a facility, devoted to diagnosis and treatment of patients.
10. “Clinical Staff” means a designated physician or nurse practitioner who is licensed and board certified in the State of Arizona who administers clinical care for the Reproductive Health/Family Planning Program.

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11. “Continuous Quality Improvement” (CQI) means the combination of activities traditionally referred to as quality assurance, quality management, utilization review, and risk management. CQI encompass any and all plans, actions, and evaluation practices used to monitor and improve services and service provision.

12. “Contractor” means the organization awarded by ADHS to provide services; also known as the Grantee.

13. “DES” means the Arizona Department of Economic Security. DES is the Arizona state agency that is responsible for determining eligibility for federal assistance programs for low income persons.

14. “Encounter” means an episode of contact or single unit of service provided to an eligible reproductive health/family planning client. An initial or annual visit is an example of a client encounter. A visit for contraceptive supplies is another example of a client encounter.

15. “Family Planning” means the process by which individuals and couples exercise their ability to make personal choices in the spacing and quantity of their children.

16. “FDA” means the Food and Drug Administration. The FDA is the federal agency that promotes and protects the public health by helping safe and effective products reach the market and by monitoring products for continued safety after they are in use. The FDA reviews clinical research and takes action on the marketing of foods, human and veterinary drugs, devices intended for human use, and cosmetics.

17. “HPHC IGA” means Healthy People Healthy Communities Intergovernmental Agreement, funding Arizona County Health Departments to provide family planning services.

18. “Informed and Written Consent” means that the client has provided written consent to participate in receiving Family Planning services after having been properly educated about the medical facts and risks involved.

19. “Initial Visit” means a client’s first comprehensive visit. It will normally include a physical exam, a pap smear, if indicated, and issuing of a birth control method.

20. “Infertility Prevention Program (IPP)” is a program established by the CDC and the Office of Population Affairs to reduce the incidence of sexually transmitted diseases that can lead to infertility (primarily chlamydia and gonorrhea).

21. “Logic Model” is a diagram that shows the relationship between the program components and activities and desired process and outcome objectives. It is a visual way to present and share understanding of the relationships among the resources available to implement the proposed intervention, the strategies/activities planned for implementation, and the outputs and outcomes expected. Logic Models should typically be one (1) to three (3) pages in length.

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22. “Low-Income/Low-Income Family” means an individual or family meeting the official poverty guideline, as revised annually by Health and Human Services.
25. “Network” means a collection of service resources or information pathways that have been developed to assist clients in accessing appropriate information, education, medical, social, and financial services.
26. “Nurse Practitioner” means a registered nurse with a graduate degree in advanced practice nursing. She/he must be certified by the Arizona State Board of Nursing to function as a nurse practitioner in the extended role under the provisions of ARS Title 32, Chapter 15, Nursing.
27. “Outpatient Treatment Center” means a class of health care institution without inpatient beds which provides medical services for the diagnosis and treatment of persons on an outpatient basis. See ARS §36-421.01.
28. “Outreach” means any method used to provide information and education to the community regarding Reproductive Health Family Planning Program, services, benefits, etc.
29. “Preconception Health” the physical, emotional, social well-being and economic stability of a man or woman during their reproductive years, before conception.
30. “Preconception Care” the provision of education and/or services to men or women related to the impact of their physical, emotional, social well-being and economic stability on their health status prior to conception.
31. “Primary Care Physician” means a main doctor who manages most of a patient’s medical issues.
32. “Program” refers to the Title V Reproductive Health/Family Planning Program as outlined in the Policy and Procedure manual.
33. “Program Manager” means the Department employee who is responsible for the implementation and oversight of the Reproductive Health/Family Planning Program. The Program Manager coordinates activities among Contractors and among Reproductive Health Team members, receives and reconciles invoices, handles budget issues, and provides technical support. The Program Manager is responsible for negotiating contracts, requesting contract amendments to be processed by the Procurement Office, conducting site visits, and monitoring Contractor compliance with the provisions of the contract.
34. “Recommended Services” are those services that are not required by contract or Program policy, but may be provided by the Contractor in order to promote the general reproductive-related health care needs of the client.

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35. “Related Services” are those services which are not authorized or paid for by the Department but may be provided by the Contractor in order to meet the general health care needs of the client.
36. “Reproductive Health/Family Planning Services” means the cost effective and preventative care provided to participants designed to help promote responsible and healthy lifestyles. Family planning services may include but are not limited to education, confidential counseling, comprehensive health history, physical exams, provision and maintenance of safe and effective contraceptive methods, health screenings and follow up for breast and cervical cancer, screening, testing, and treatment of sexually transmitted diseases, pre-pregnancy counseling, pregnancy testing and counseling, infertility screening, sterilization services for men and women, intimate partner violence and reproductive life planning screening and education, and referrals to other medical or social services. Abortion is not a family planning service.
37. “Required Services” means those services which are stipulated either by law, in rules, by contract, or by Program policy which are otherwise considered essential to the provision of high quality reproductive health services.
38. “SOW” means Scope of Work, which is the area in an agreement where the work to be performed is described. The SOW should contain any milestones, reports, deliverables, and end products that are expected to be provided by the performing party.
39. “Shall” means mandatory program policy.
40. “Site Visit” means any visit to the Contractor’s or Sub-contractor’s business location by ADHS Reproductive Health/Family Planning Program staff or a designee, at least every two years.
41. “Title V” means Title V of the Social Security Act. At the national level the Maternal and Child Health Bureau administers Title V. The bureau is a segment of the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services. Title V funds programs that promote the health of women, infants, and children. Title V funding and services are administered in Arizona by the Arizona Department of Health Services, Bureau of Women’s and Children’s Health.
42. “Title X” means the National Family Planning Program created by the Public Health Service Act (P.L.910572). Title X is administered by the Office of Population Affairs, the U.S. Department of Health and Human Services. The regulations governing Title X are contained within the Code of Federal Regulations (CFR), (42 CFR, Subsection A, Part 59). In Arizona, Title X funding and services are administered by the Arizona Family Health Partnership.
43. “TITLE XIX” means Title XIX of the Social Security Act. Title XIX funds federal Medicaid programs. Arizona’s version of the Medicaid program is the Arizona Health Care Cost Containment System (AHCCCS). AHCCCS acts as the health insurer for low income Arizonans who qualify for various state and federal programs.

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CHAPTER 3: PROGRAM MANAGEMENT AND ADMINISTRATION

3.1 Role of the Bureau of Women's and Children's Health

- A The Bureau of Women's and Children's Health (BWCH) administers the federal Maternal Child Health Title V Block Grant. Recognizing that reproductive health and family planning services are important components of maternal and child health care, BWCH contributes a portion of this block grant specifically to address reproductive health and family planning needs. BWCH provides the criteria, policies, funding, and requirements for developing and implementing the Reproductive Health and Family Planning Program at the community level.
- B BWCH contracts with local public and private agencies. Contractors may use a variety of strategies and/or service delivery systems to achieve program standards and desired outcomes. Within the framework of the Reproductive Health and Family Planning Program is the flexibility for Contractors to implement clinical programs and provide reproductive health services in a manner that suits the needs of their community. BWCH provides technical assistance to the Contractor, monitors contract compliance, and authorizes payment of contracted deliverable services.
- C BWCH provides two annual summits each year for Contractors, the Family Planning Nurse Summit and the Healthy People Healthy Communities Intergovernmental Agreement (HPHC IGA) Annual Fall Summit. Each Annual Summit provides comprehensive training, education, and technical assistance support on reproductive health and family related topics. Continuing education credits may be available.

3.2 Role of the Contractor in Program Management

Contractors are required to achieve and maintain certain minimum standards. Contractors must provide services of high quality and must be efficiently administered. The Contractor must develop administrative, management, and organizational systems that meet all Reproductive Health/Family Planning Program requirements. The Contractor must also have adequate staff and support services to implement the program at each clinic site. The Contractor's personnel shall meet all certification and licensure requirements. At a minimum, the following personnel are required:

A Administrator:

The Contractor is required to have a qualified Program Administrator who is responsible and accountable for overall Program planning, implementation, and evaluation at each contracted site. The Administrator's allocation of time to this position must be sufficient to ensure that program objectives are met.

B Clinical Staff:

The clinical care component of the program must be under the supervision and responsibility of a designated physician or nurse practitioner who is licensed and board certified in the State of Arizona. If a nurse practitioner is overseeing the Program, she or he must work collaboratively with a physician for consultation or

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referral on an as-needed basis. Training or experience in reproductive health services is preferred.

C. Nursing Coordinator:

The nursing care component of the Reproductive Health/Family Planning Program must be under the supervision and responsibility of a Nursing Coordinator who is a registered nurse licensed in the State of Arizona with special training or experience in reproductive health and family planning services. The Nursing Coordinator must maintain compliance with the Arizona State Board of Nursing regulations. The Nursing Coordinator must be committed to obtaining reproductive and family health training. Please see the Family Planning National Training Center www.fpntc.org for more information.

D. Other Support Staff:

Other support staff for the Contractor may include registered nurses, licensed practical nurses, nurse's aides, health educators, nutrition counselors, family planning counselors, and other administrative personnel required to support business and clinical operations.

3.3 Contractor Oversight of Medical Management Component

All medical functions for the Contractor's Reproductive Health/Family Planning Program are performed under protocols, or standing orders approved by the designated physician or nurse practitioner. The standing orders and protocols must be in compliance with state rules and laws.

3.4 Sub-contracts

A. The Contractor must not enter into any subcontract under this contract without the advance written approval of the Arizona Department of Health Services Procurement Officer.

B. In the event that family planning services are sub-contracted, the Contractor will remain responsible for ensuring that the subcontractor provides service in accordance with all specifications within the contract and the policy and procedure manual.

C. Contractors must have a written and signed agreement with the sub-contractor.

D. Contractor must monitor the sub-contractor's performance annually and provide a written evaluation for the Bureau of Women's and Children's Health Program Manager to review during the Contractor's annual site review.

3.5 Contractor's Personnel Policy Standards

Contractors must establish and maintain written personnel policies that comply with federal and state requirements and Title VI of the Civil Rights Act. These policies shall include, but need not be limited to: staff recruitment and selection, performance evaluation, promotion,

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termination, compensation, benefits, orientation to the agency and the Program, in-service training, and grievance procedures. At a minimum, Contractors must require and ensure that:

- A Personnel records are kept confidential in a secured place.
- B An organizational chart and personnel policies are available to all personnel.
- C Job descriptions (specifying training, formal education, experience, and licensure) are available for all positions, and that these are reviewed annually and updated as necessary to reflect changes in duties.
- D A performance appraisal system is in place for all employees. An evaluation and review of the job performance of all program personnel must be conducted annually, at a minimum.
- E It is the responsibility of all sub-recipients and Contractors to be aware of, and monitor their staff and volunteers to be in compliance with protection of minors receiving Family Planning services.

3.6 Staff Training and Orientation

- A Contractors must provide an orientation to all Program personnel and must include the following:
 - 1. Orientation on the agency, or clinical site where the employee is employed.
 - 2. Orientation on reproductive and family health services, federal and state Program protocols, policies and procedures. Note* This Family Planning Policy and Procedure Manual must be reviewed by ALL staff and readily available for staff if applicable.
 - 3. Introductory call with the ADHS Family Planning Program Manager.
 - 4. Overview of the HPHC IGA and how the family planning program fits within the IGA.
- B Contractors must provide for the in-service training of all Program personnel. Contractors must also develop and implement plans for promoting and offering continuing education programs as needed. Contractors are required to attend the HPHC IGA Annual Fall Summit and Family Planning Nurse Summit. Furthermore, all program personnel must participate in continuing education related to their activities, including on-the-job training, workshops, institutes, and courses
- C Documentation of attendance at in-service trainings and of having received orientation must be kept in the Program's records or the staff's personnel record. Documentation of training and orientation will be used in evaluating the scope and effectiveness of the staff training program.

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3.7 Continuous Quality Improvement (CQI)

A Contractors must develop an ongoing, systematic process to monitor and evaluate the quality, efficiency, effectiveness, and appropriateness of client service and program operations. Required CQI:

1. Resolving Client Problems

The Contractor and its subcontractors must develop and implement a process by which clients may present grievances about the operation and management of the program and services received. When developing grievance policy and procedure the following must be included:

- a. Contractors must inform the client of the right to grieve and must assist the client with the grievance process.
- b. Client grievances must be addressed in a timely manner.
- c. Client problems and issues must be tracked to identify potential trends.
- d. Contractors must incorporate findings and feedback into a plan to identify and correct future problems.
- e. The Contractor must include in the grievance process, contact information for the Bureau of Women's and Children's Health Program Manager and cooperate in the resolution of any client problems brought to the attention of the BWCH.

2. Client Satisfaction Surveys

Contractors must develop a client satisfaction survey to facilitate client input into clinic operations and services. Survey results must be considered when identifying areas for improvement.

3. Medical Record Review

Medical records should be reviewed periodically for accuracy, completeness, quality of care, and compliance with policy and contract obligations. Examples include but should not be limited to:

- a. Counseling and education provided to the client
- b. Client receives and is assisted as needed with referrals for services that are not provided by the clinic
- c. Notification and follow up of abnormal lab results
- d. Follow up by staff of client self-reported risk factors
- e. Informed consent
- f. Medical record documentation is signed and dated
- g. Staff certifications and licenses are current
- h. Staff has been fingerprinted as required by law

B Recommended CQI

1. Monitoring Service Availability and Accessibility:

- a. Determine the time interval between the request for an appointment and the date the appointment is scheduled.
- b. Determine the time interval between the client's scheduled appointment and the time the client sees the care provider.
- c. Determine if there are any clients with unmet needs.

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2. **Timeliness of Deliverables**
Contractors should monitor the performance reports, CERs, and the annual reports for accuracy and for timely submission to the ADHS FP Program Manager.
3. **Monitoring Referral Networks**
Contractors should periodically evaluate the accessibility, availability, and quality of service provided by the outside agencies, providers, and organizations to which they are referring clients.
4. **CQI projects can be initiated by the County Contractors or started by ADHS.**

3.8 Internal Policy and Procedure for Reproductive Health/Family Planning

- A. Contractors must maintain an internal policy and procedure manual to be used to provide staff with guidelines for client care and Program management.
- B. When developing policy, procedure, and protocols the Contractor must consider the contract requirements as further detailed in this manual. The internal manual should include but not limit policy to:
 1. Management and administrative functions as detailed in Chapter 3 of this manual
 2. All required services as detailed in Chapter 4 of this manual
 3. Any recommended services detailed in Chapter 4 that are adopted by the Contractor
 4. Monthly reporting
 5. Monthly billing
 6. Reporting physical, sexual, emotional abuse, and neglect to the protective agencies
 7. Procedure for management of on-site medical emergencies

3.9 Clinic Facility Standards

- A. Clinic sites and client care facilities for the Reproductive Health/Family Planning Program shall be licensed by the ADHS as Outpatient Treatment Centers.
- B. Facilities must meet applicable federal, state, and local government standards, i.e.: fire codes, building codes, Occupational Safety and Health Administration (OSHA) requirements, Clinical Laboratory Improvement Amendments (CLIA) Licensure, etc.
- C. Facilities must meet the accessibility standards as established by the American's with Disabilities Act (ADA). The current ADA recommendations can be found here: https://www.ada.gov/2010_regs.htm.

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3.10 Availability and Accessibility of Clinic Services

- A Reproductive health and family planning facilities and services must be geographically accessible to the population served and should be available at times that are convenient to persons seeking services.
- B Facilities should be adequate to provide the required services and should be designed for the comfort and privacy for clients.
- C Facilities must have a written plan and procedure for management of emergencies.

3.11 Program Eligibility

- A Income Eligibility:
 - 1. Reproductive health and family planning services are to be provided to persons from low income households as the highest priority.
 - 2. Low income for the purpose of this Program is defined as at or below 150% of the Federal Poverty Level (FPL). The FPL is determined by the Office of Management and Budget and is revised annually. Contractors must maintain and use current information regarding the FPL. The current information for the FPL can be found here: <https://aspe.hhs.gov/poverty-guidelines>.
 - 3. A client's self-declaration of income may be considered sufficient to receive services.
 - 4. Eligibility for minors seeking services shall be based on the financial resources of the minor.
 - 5. Client income must be reevaluated annually.
 - 6. Clients at or below 150% FPL shall receive services free of charge. Voluntary donations from clients are permissible within the following guidelines:
 - a. Clients must not be pressured to make donations
 - b. The amount of the donation cannot be specified
 - c. Those not donating cannot be refused service
 - d. Those not donating must not be subjected to any variation in services
 - 7. Clients who are above 150% of FPL can be provided services on a sliding fee scale within the following guidelines:
 - a. The scale must be adjusted to reflect income and family size
 - b. The scale must be posted in a visible public place
 - c. Clients who do not pay the sliding scale rate must not be subjected to any variation in quality of services
- B Program services are to be provided to clients who are reproductive; i.e., not to clients who are post-menopausal, have had a hysterectomy, and/or who have been sterilized.
- C Program services are to be provided without the imposition of any duration residency requirement.

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3.12 Nondiscrimination

Contractors must provide program services without regard to religion, race, color, national origin, creed, disability, gender, sexual orientation, and number of pregnancies, marital status, age, ability to pay, and contraceptive preference.

3.13 Voluntary Participation

A Use of program services by any individual must be solely on a voluntary basis. Individuals must not be coerced to accept services or to use any particular method of family planning. Acceptance of reproductive health services must not be a prerequisite to eligibility for or receipt of any other service or assistance from or participation in any other programs.

B Program personnel should be informed that it is an illegal action to coerce or attempt to coerce any person to undergo a sterilization procedure or an abortion procedure, (Arizona Revised Statutes, Section 36-2153).

3.14 Confidentiality

Every Contractor must assure client confidentiality and provide safeguards for individuals against the invasion of personal privacy as required by Arizona Revised Statute (ARS) and by Public Law 104-191, the Health Insurance Portability and Accountability Act (HIPAA).

A All information obtained and records prepared in the course of providing service to clients shall be considered to be confidential information. No information obtained by the provider's staff about individuals receiving services may be disclosed without the client's written consent, except as required by law. The client's statement of written consent must be included in the client's medical record. Information may otherwise be disclosed only in summary, statistical, or other form that does not identify the individual.

B Clients transferring care to other providers may be provided with a copy of their medical record to expedite continuity of care.

3.15 Client Medical Records

A Contractors must establish a medical record for every client who obtains clinical services.

B Clinic staff members are required to document all pertinent information about client interaction.

C Entries in the medical record are to reflect professional, nonjudgmental statements of fact. Records must be legible, dated, and are to be signed in ink with the initial and last name of the clinician providing the service. Records must be complete, accurate, and follow standard practice for medical record documentation.

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- D. Medical records must contain the following information:
 - 1. Personal identifying information about the client
 - 2. Medical history, physical examination, laboratory tests, results, and follow-up, diagnosis, orders, allergies
 - 3. Treatment and instructions
 - 4. Informed and written consent
 - 5. Documentation of telephone contact of a clinical nature
 - 6. Documentation of attempts to contact client
 - 7. Refusal of service
 - 8. Documentation of counseling, referrals, and education; both written and verbal provided
 - 9. Financial information
- 10. Procedures
- E. Clients must be informed that a medical record will be maintained and that this information is confidential information to be divulged only upon their written permission, or as otherwise required by law.
- F. Clients shall have access to their own medical record at all times, and shall have the right to correct any inaccurate information included in the records.
- G. Clients will have signed an informed consent statement prior to receiving reproductive health services.
- H. The Contractor is responsible for maintaining the client's case file record in a confidential manner, and ensuring that information contained in the records is released only to authorized parties.
- I. The BWCH Program Manager may have access to client records without client consent in order to conduct necessary evaluations or programmatic review. The client's case file record is not available to other governmental agencies, except for the Auditor General, without specific prior written consent by the client for the release of information in the client record.
- J. The Contractor shall store and maintain client records in a safe, secure location. Except for non-identifiable demographic characteristics, records shall be destroyed six (6) years after the client's last participation in the Reproductive Health/Family Planning Program. Minors' records must be maintained until the age of majority plus three (3) years.

To learn more about how to handle HIPAA Related client records, please review the Custom Records Retention Schedule Issued to: All State and Local Agencies Administrative and Management Records document, page 12, Record Series Number

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10283 here: https://azlibrary.gov/sites/default/files/arm-all-general-schedules_2019-12-16.pdf.

For more information on Permanent and Historical records, please see here: https://azlibrary.gov/sites/default/files/arm_permanent_and_historical_records_2019.pdf.

3.16 Informed Consent

- A A written, signed, informed consent statement must be received from the client prior to receiving family planning services or medical treatment. This statement documents the client's voluntary consent to receive program services.
- B The form must be written in the primary language of the client or witnessed by an interpreter the client knows and/or trusts. The form must cover all procedures and medications to be provided.
- C To give informed consent for contraception, the client must receive education about the benefits, risks and limitations of the various contraceptive alternatives, and details on the safety, effectiveness, potential side effects, complications, discontinuation issues, and danger signs of the contraceptive methods of choice.
The consent statement shall include at least the following:
 - 1. A clear description of the services or procedures to be performed, including medical treatments and interventions, counseling, or other client contact
 - 2. The right of the client to terminate treatment or refuse services at any time
 - 3. Any responsibilities of the client
 - 4. Any other information that is necessary to convey to the client a clear understanding of the Program
 - 5. All consent forms must contain a statement that the client has been counseled, has read the appropriate informational material, and has understood the content of both. The signed informed consent must be a part of the client's record
 - 6. The form must be renewed and updated when there is a major change in the client's health status or a change to a different prescriptive contraceptive method

3.17 Program Promotion

- A Contractors must establish and implement planned activities whereby family planning services are made known to the community.
- B In planning for Program promotion, providers should review and utilize a range of strategies to gain community acceptance. Program promotion activities should be updated periodically and be responsive to the needs of the community.

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- C Contractors must develop written material for distribution to clients, the community, and to other agencies and organizations. When developing materials, the Contractor must follow the guidelines below:
1. Materials must be medically accurate and culturally suitable for the population and community to which they are being distributed.
 2. Program materials must be printed in a size and type style that is easy to read.
 3. The materials must be language and literacy level appropriate.
 4. All marketing, or education materials shall bear the following "Funded in part by the Bureau of Women's and Children's Health, Arizona Department of Health Services as made available through the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau, Title V Maternal and Child Health Services Block Grant Program."
 5. All written materials should be reviewed periodically to be certain that the information remains timely, correct, inclusive, and medically accurate.

3.18 Community Education

- A To enhance understanding of the objectives of the Program and to make known the availability of services to potential clients, Contractors must provide education to the community about the Reproductive Health/Family Planning Program services.
- B Community education should be directed toward identifying local agencies and organizations that are likely to serve significant numbers of individuals in need of family planning care. Programs should offer in-service training sessions for the staff of these agencies and organizations in order to help them provide better counsel and to offer reference options to potential clients.
- C Education directed toward the general community should employ a variety of approaches. Education must be designed to meet the educational, cultural, and language needs of the community to be served.

3.19 Establishing Referral and Communication Networks

- A Contractors must develop a comprehensive listing of available local resources to assist clients with obtaining services not provided by the Reproductive Health/Family Planning Program.
- B The resource information should be reviewed and updated periodically to ensure continued availability, accessibility, and quality of the services recommended to clients.
- C In circumstances where resources or necessary services do not exist within the local community, Contractors will provide the client with information to obtain access to equivalent services in another community.

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- D. The Contractor must network with those agencies and organizations most frequently used as referrals for clients. An established informal network helps to ensure acceptance of the client for services and can provide a smoother transition for the client. Networking also helps to ensure that the client did receive the services as referred or recommended.
- E. The Contractor is encouraged to develop a community based Reproductive Health and Family Planning Advisory Committee to aid in the identification of communities' reproductive health needs and resources, and to help develop strategies to meet the needs.
- F. The Contractor shall make uninsured clients aware of the possibility of coverage through the Arizona Health Care Cost Containment System (AHCCCS) and shall provide referrals to AHCCCS as appropriate.

3.20 Developing Partnerships and Establishing Collaborative Efforts

- A. To avoid duplication of effort and to maximize resources, Contractors must develop partnerships, or collaborate with existing agencies providing family planning services in their local communities.
- B. Contractors will be familiar with the AHCCCS eligibility criteria and refer clients who meet those criteria to an AHCCCS provider to receive services. If the Contractor identifies that a number of individuals seeking services at their clinic are eligible for AHCCCS, the Contractor will consider becoming an AHCCCS provider to maximize the state resources to serve all populations in need of services.

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CHAPTER 4: PROGRAM SERVICES

4.1 Required Services

- A. Contractors must provide clinical, informational, educational, social, and referral services to Program clients who want such services.
- B. Contractors must offer a broad range of acceptable and effective medically approved family planning methods and services either on site or by referral. Programs should make all methods of contraception approved by the Federal Food and Drug Administration (FDA) available to all clients.
- C. Contractors must provide the following services as part of initial and annual exams, and at other times as deemed medically appropriate:
 - 1. Client Education/Counseling
 - 2. Physical Assessment
 - 3. Laboratory Testing, as medically indicated
 - 4. Fertility Regulation
 - 5. Infertility Services Referral
 - 6. Pregnancy Diagnosis and Counseling
 - 7. Adolescent Services
 - 8. Sexually Transmitted Infection Screening/Assessment, as medically indicated
 - 9. Referral and Follow-up
 - 10. Screening for intimate partner violence (IPV) and reproductive coercion
 - 11. Education on Preconception Health and Reproductive Life Planning

4.2 History

- A. A comprehensive personal, medical, and social history must be obtained on all clients at the initial medical visit and must be updated at subsequent visits.
- B. The medical history must address but not be limited to the following areas:
 - 1. Allergies
 - 2. Immunizations, including rubella and TDAP
 - 3. Current use of prescription and over-the-counter medications
 - 4. Chronic and acute medical conditions
 - 5. Significant hospitalization
 - 6. Surgeries
 - 7. Review of systems
 - 8. Extent of use of tobacco, alcohol and other drugs
 - 9. Genetic conditions or disorders that affect the client or her family
 - 10. Pertinent medical history of immediate family members
 - 11. Partner history, including:
 - a. Injectable drug use

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- b. Multiple partners
- c. Risk history for STI's and HIV
- d. Bisexuality

- C. History of reproductive function must include but not be limited to the following:
 - 1. Menstrual history
 - 2. Sexual history
 - 3. Obstetrical history
 - 4. Gynecological conditions
 - 5. Sexually transmitted infections (Chlamydia, Gonorrhea, and Syphilis)
 - 6. HIV
 - 7. Pap smear history (date of last pap, any abnormal pap, treatment)
 - 8. Contraceptive use, past and present, and any adverse reactions
 - 9. Pregnancies
 - 10. Genetic risk assessment

4.3 Client Education/Counseling

- A. Contractors must provide clients with education needed to make informed decisions about family planning choices. Contractors must provide this information both orally and in writing. Furthermore, client education must be appropriate to the client's age, level of knowledge, language, and culture. Any instruction and other client education offered or provided must be documented in the client's medical record.

Contractors must also provide education to assist clients in reaching informed decisions regarding the choice and continued use of contraceptive methods. Education is designed to help clients resolve uncertainty, ambivalence, and anxiety in relation to their reproductive health. Education should be provided in a private environment in which the client feels comfortable and in a manner that protects the dignity of the individual. Documentation of all education provided, must be included in the client's medical record.

- B. Client education must include but not be limited to the information needed to:
 - 1. Make informed decisions about care
 - 2. Choose specific methods of contraception
 - 3. Perform breast self-exam
 - 4. Reduce the risk of infection or transmission of STIs and HIV
 - 5. Understand intimate partner violence and reproductive coercion
 - 6. Understand the procedures involved in the clinic visit
 - 7. Understand the services offered at the clinic
- C. Clients must also be offered the following information/education, as appropriate:
 - 1. Achieving optimal preconception/inter-conception health
 - 2. Basic female and male reproductive anatomy
 - 3. Benefits of Folic Acid

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4. Fertility regulation referral
 5. Developing an individualized reproductive life plan
 6. Health promotion/disease prevention
 7. MMR & TDAP information and/or referrals
 8. Exercise
 9. Nutrition
 10. Smoking cessation
 11. Alcohol and drug abuse
 12. Sexual abuse
- D. Persons who provide education must be knowledgeable, objective, non-judgmental, culturally aware, and sensitive to the rights and differences of clients as individuals. The counselor's knowledge must be sufficient to provide information regarding the risks, benefits, limitations, contraindications, and effective use of any method, procedure, treatment, or option being considered by the client.
- E. Pre-examination counseling must be provided to clients to explain the Program, clinical procedures, eligibility requirements, and to allow the client the opportunity to ask questions, express concerns, etc.
- F. Post-examination counseling should be provided to assure that the client:
1. Knows results of the physical examination and laboratory studies
 2. Knows how to use and is comfortable with the contraceptive method selected and prescribed
 3. Knows the common side effects and possible complications of the method selected and what to do if complications occur
 4. Knows how to discontinue the contraceptive method and has information regarding a backup method
 5. Receives appropriate referrals for additional services as needed
 6. Knows an emergency 24-hour number and a location where emergency services can be obtained
 7. Knows when to schedule a return visit
- G. Sexually Transmitted Disease and HIV Counseling:
1. Contractors must provide clients with thorough and medically accurate counseling on STI's, HIV infection, and AIDS. Contractors must also offer information on risk and infection prevention, and referral services.
- H. Other Counseling:
1. Clients should receive special counseling regarding future planned pregnancies, assistance with current pregnancy, and other individual concerns as indicated i.e. substance use and abuse, sexual abuse, sexual concerns, domestic violence, nutrition, etc. Preconception counseling and a reproductive life plan must also be provided.

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2. Referral systems should be in place for those who require genetic counseling and evaluation.
3. Contractors should counsel clients about health promotion and disease prevention and make referrals as appropriate.

4.4 Physical Assessment

- A. Clients must have a general physical examination at each initial and annual medical visit. The physical examination must include but not be limited to the following:
 1. Height
 2. Weight
 3. Blood pressure
 4. Thyroid
 5. Heart
 6. Lungs
 7. Extremities
 8. Breast
 9. Abdomen
 10. Pap smear as medically indicated
- B. A client's refusal or deferral of a service, including the reason for refusal and/or deferral must be documented in the client's medical record.
- C. Clients who decline or defer a service must be counseled regarding any possible health risks associated with declining and/or deferring the screening test or procedure. Counseling regarding any associated risk must be documented in the client's medical record.
- D. Physical examinations and laboratory testing should not be deferred beyond 3 months after the client's visit unless in the clinician's judgment there is a compelling reason to extend the deferral. All deferrals and the reason for the deferral must be documented in the client's medical record.
- E. Revisit schedules must be individualized, based upon the client's need for education, counseling, and medical care. Younger clients and clients initiating a new contraceptive method may need to be scheduled for a revisit to reinforce proper use, check for side effects, and to provide additional information or clarification.

4.5 Laboratory Testing

- A. The following laboratory procedures must be provided as medically indicated for all clients at the initial and annual visit:
 1. Hemoglobin (Hgb) or Hematocrit (Hct), as indicated
 2. Pap smear/Guidelines:

First	Age 21, regardless of the age or onset of sexual activity
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Pap Smear	Should be avoided before age 21
Until Age 30	Screen every 3 years instead of annually, using either the standard pap or liquid-based cytology
Ages 30 – 65	Contractors are required to follow the American College of Obstetricians and Gynecologists (ACOG) Clinical Guidance, found here: https://www.acog.org/Clinical-Guidance-and-Publications/Search-Clinical-Guidance?IsMobileSet=false
<p>Note: Contractors are required to follow the ACOG Clinical Guidelines for women who have a history of cervical cancer, are infected with HIV, have a weakened immune system, or who were exposed to diethylstilbestrol (DES) before birth.</p>	

3. Pregnancy testing
 4. Wet mounts, as indicated
 5. Urine Dip Stick/ Urinalysis
 6. Syphilis serology, as indicated
 7. Gonorrhea and Chlamydia tests
 8. HIV testing, as medically indicated or upon client request
 9. Other procedures and laboratory testing may be indicated for some clients and may be provided on-site or by referral
- B. Laboratory procedures or services that cannot be performed on site must be made available through a referral when indicated.
- C. Contractors must assure that laboratory tests performed by or for the clinic are of high quality. The Contractor must assess the credentials of the laboratories with which it contracts. Laboratories must be CLIA certified. If laboratory testing is performed on-site, written protocols for quality control and proficiency testing are necessary.
- D. The Contractor must establish a procedure for timely client notification and adequate follow up of all abnormal laboratory results.
1. The procedure must respect the client's request to maintain confidentiality
 2. When initial contact of the client is not successful, a reasonable further effort must be made to notify the client, this shall consist of at least three attempts, the means having been discussed during the visit.
- E. A client who has had a negative Pap smear done at another facility within 6 months of the visit and has written test results, may have these procedures waived during the initial/annual visit.

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F. Annual history updates, exams, and laboratory tests are required for all clients.

4.6 Fertility Regulation Referral

A. Contractors must make available through referral, all of the FDA approved methods of reversible contraception.

1. Reversible Contraception:
 - a. Non-hormonal Methods
 - b. Hormonal Methods
 - c. Long-Term Contraception
 - d. Emergency Contraception
2. Permanent Contraception Referral:
 - a. Clients who request information regarding sterilization procedures must be counseled with regard to the permanence, risks, and benefits of this procedure.
 - b. Contractors should be aware of federal sterilization regulations, (42 CFR Part 50, Subpart B). More information can be found here: https://www.hhs.gov/opa/sites/default/files/42-cfr-50-c_0.pdf.

B. More than one method of contraception can be used simultaneously by a client and may be indicated to minimize risk of STI, HIV, and pregnancy.

4.7 Infertility Services Referral

A. Providers are required to make basic (level 1) infertility services available to clients who request such service. Level I service includes initial infertility interview, education, physical examination, appropriate laboratory testing, counseling, and appropriate referral.

4.8 Pregnancy Screening, Counseling, and Referrals

A. Programs must provide pregnancy diagnosis and counseling to all clients in need or requesting this service. Pregnancy testing is one of the most frequent reasons for the initial visit to the family planning facility, particularly by adolescents. It is therefore important to use this occasion as an entry point for providing education and counseling about family planning.

- B. Pregnancy screening consists of:
1. Pregnancy History
 2. Pregnancy test
 3. Referrals to supportive programs

C. Programs providing pregnancy testing on-site should have available at least one test of high specificity. For those clients with positive pregnancy tests results who elect to

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continue the pregnancy, the examination may be deferred, but should be performed within 30 days.

- D. For clients with a negative pregnancy diagnosis and abnormal menstrual history, the cause of the abnormal menstruation should be investigated.
- E. Pregnant women planning to carry their pregnancy to term must be offered information and education regarding their pregnancy. Clients must be given information about good health practices during early pregnancy, especially those practices that serve to protect the fetus during the first three months, and referral for prenatal care.
- F. Women requesting information on options for the management of an unintended pregnancy must be given non-directive counseling on alternative courses of action and referral upon request.
- H. Clients who are found to be not pregnant must be offered information about the availability of contraceptive, or infertility services, depending on the client's wishes. Anticipatory guidance regarding good health practices prior to pregnancy, including avoidance of teratogens should also be provided.

4.9 Adolescent Services

- A. Contractors must offer age appropriate information and skilled services to adolescents.
- B. Contractors must take steps to assure the adolescent that all information learned during any encounter is confidential information and that every effort will be made to ensure privacy in any encounter or any necessary follow-up contact. (See G. below regarding Duty to Report)
- C. Adolescent clients require skilled counseling and detailed information. Program staff should have a comprehensive understanding of the following:
 - a. Adolescent growth and development
 - b. Psychosocial growth and development
 - c. Nutritional needs
 - d. Risk and resiliency factors
 - e. Communication skills
- D. When providing services to adolescents Contractors must:
 - a. Inform the adolescent about all methods of contraception
 - b. Make every attempt to schedule appointments for them on short notice
 - c. Encourage the young person to participate in the full range of medical services
 - d. Evaluate the adolescents understanding about the contraceptive method selected

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- e. Inquire about symptoms and exposure to STI's
 - f. Encourage examination and treatment either directly or by referral to those at risk for STI's
- E. It should not be assumed that all adolescents are sexually active. Many teenagers are seeking assistance in reaching this decision. Abstinence as an option should be discussed.
- F. Contractors do not need the consent of parent or guardian for provision of service to minors. Therefore, Contractors must not notify the parent or guardian before or after an adolescent has requested and/or received service. Staff should encourage young clients to involve a parent or guardian in their family planning decisions. Discussion of encouraging family involvement should be documented in the client's medical record.
- G. Contractors must be knowledgeable regarding Department of Child Safety (DCS) reporting laws e.g. ARS § 13-3620, "Duty to report abuse, physical injury, neglect and denial or deprivation of medical or surgical care or nourishment of minors..." Contractors are advised to consult with their legal counsel regarding any clarification they may need regarding this and other related statutes. Adolescents seeking services who the staff member believes may meet DCS reporting requirements must be advised prior to any service provision that they will not be refused service but due to their particular circumstance, a report to DCS will need to be filed.
- G. Fees for minors seeking services must be based on the income of the minor.

4.10 Sexually Transmitted Infection Screening

- A. Contractors must have a process for identification of high-risk behavior for STIs and HIV/AIDS.
- B. Appropriate education and preventive measures must be provided to discourage continuation of risk behaviors and to help prevent the client from contracting or spreading an infection.
- C. The Contractor must offer Gonorrhea, Syphilis, Chlamydia, and HIV screening for clients and their partners with probable or definite exposure, signs, and symptoms suggesting an infection. The client may also request screening.
- D. The Contractor must offer at risk clients either treatment or referral for treatment for clients and partners testing positive for an STI and/or HIV.
- E. Contractors must establish a procedure for timely client notification and adequate follow up of all positive results:
 - a. The procedure must respect the client's request to maintain confidentiality.

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b. When initial contact of the client is not successful, a reasonable further effort must be made to notify the client; this shall consist of at least three attempts, one of which is a certified letter.

F. The Contractor must comply with Arizona Administrative Code, Article 2, R9-6-202, Communicable Disease and Infestation Reporting, and any other local reporting requirements.

4.11 Referral and Follow-up

A. Contractors must assure that clients requiring services indicated to be medically necessary but beyond the scope of the Contractor, are referred to other providers for care.

B. Contractors must establish and maintain a comprehensive and current list of available quality health care providers and community resources.

C. The Contractor must assure that:

1. The client is able to follow through with contacting the referred provider; if the client is unable to follow through independently, the Contractor must offer assistance or find support for the client
2. Arrangements are made for the provision of pertinent information regarding client care and services to the referral provider with the prior written consent of the client
3. The client's confidentiality and privacy are always maintained
4. The client is advised of the importance of complying with the referral
5. The client is advised of their responsibility in complying with the referral

D. The Contractor must, whenever possible, give clients a choice of providers from whom to select.

E. The Contractor must have a procedure to prioritize referrals and follow-up. For example:

1. Referrals considered by the clinician to be emergencies should be made immediately
2. Referrals considered by the clinician to be urgent should be followed up with the client within two weeks
3. Referrals considered by the clinician to be important and necessary but not urgent, may be followed up at the discretion of the provider but prior to the next clinic visit
4. Referral requests made by the client and not considered to be urgent or of immediate need may be followed up with the client at the next clinic visit

4.12 Recommended Services

A. Minor Gynecologic Problems:

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Contractors may provide for the diagnosis and treatment of minor gynecologic problems so as to avoid fragmentation of services or lack of medical care for clients with these conditions. Problems such as vaginitis or urinary tract infection may be amenable to on-the-spot diagnosis and treatment. More complex procedures may be offered providing the clinician has had the necessary training and has demonstrated proficiency.

B. Genetic Screening and Referral:

Contractors may provide basic counseling to clients who are at risk for transmission of genetic abnormalities. More complete genetic screening and counseling may be offered by referral to a comprehensive genetic service program. If feasible, training in genetics should be arranged to enable Program staff to provide simple genetic screening.

C. Health Promotion and Disease Prevention:

For many clients the family planning program services are their only continuing source of health information and medical care. The Contractor may whenever possible, provide health maintenance services such as screening, immunization, and general health education and counseling directed toward health promotion and disease prevention. These additional services enhance the client's general state of health, and in turn, the health of their families and children. Programs are therefore encouraged to assess the health problems prevalent among the populations they serve, and to develop services or referral mechanisms to address them.

D. Preconception Education and Reproductive Life Planning:

Couples and prospective mothers may receive preconception education from the Contractor to obtain an overview of the responsibilities of pregnancy and parenting. Preconception health helps women think about how their behaviors, lifestyles, and medical conditions affect their ability to live healthy lives and to have healthy children. It gives women the opportunity to be assessed for risks, to be counseled about healthy living and to be offered treatment if needed. The education may include but not be limited to:

1. Fertility awareness/menstrual cycle
2. A review of family genetic history
3. Immunizations (MMR & TDAP)
4. Spacing of children
5. Nutritional needs, including folic acid supplements
6. Effects of medications on maternal health and pregnancy
7. Current contraceptive method, when to stop using it, and the waiting to conceive timeframe
8. Substance use and abuse

E. Intimate Partner Violence and Reproductive Coercion:

Definitions:

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- a. Birth Control Sabotage: Active interference with contraceptive methods (flushing pills, poking holes in condoms, refusing to wear condoms).
- b. Pregnancy Coercion: Threats or acts of violence if the partner does not comply with the perpetrator's wishes to continue or terminate a pregnancy.

Intimate partner violence and coercion have long been linked to negative health outcomes. In 2011, the National Academy of Medicine formerly named the Institute of Medicine, recommended screening patients for current and past domestic and sexual violence as part of basic preventative care.

The Bureau of Women's and Children's Health (BWCH) recognizes the negative impact of domestic and sexual abuse on reproductive health, and funded a program to assist communities in addressing it through Futures Without Violence (formerly the Family Violence Prevention Fund): <https://www.futureswithoutviolence.org/>. Future Without Violence, along with ACOG created a comprehensive document with guidelines on how to handle intimate partner violence.

In a nationally competitive application process, Arizona was selected to receive funding to implement a statewide public health initiative. Since the spring of 2010, Project Connect Arizona has trained over 300 health care providers on the links between abuse and reproductive health and has worked diligently to make positive changes in policies and procedures related to screening and response to abuse. Please see more on Project Connect Arizona here: <https://vsuw.org/what-we-do/fight-for-families/project-connect>. Health care providers are in a unique position to assist victims of domestic and sexual violence by providing validation, education, and resources. This simple process can be easily integrated into reproductive health appointments.

Domestic violence and reproductive coercion screening should include, at a minimum, three questions from the following sample screening questions:

1. Has your partner ever messed with your birth control or tried to get you pregnant when you didn't want to be?
2. Does your partner refuse to use condoms when you ask?
3. Has he/she ever tried to force or pressure you to become pregnant when you didn't want to be?
4. Are you afraid your partner will hurt you if you tell him/her you have an STI and he/she needs to be treated?
5. Do you feel controlled or isolated by your partner?
6. Do you feel safe in your current relationship?

4.13 Excluded Services

Programs funded by Title V may not provide abortion services to clients as a method of family planning.

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CHAPTER 5: MONTHLY, QUARTERLY AND ANNUAL REPORTS

5.1 Monthly Reports

The contractor must submit a monthly Family Planning Database Report in a format approved by the Bureau of Women's and Children's Health (BWCH).

5.2 Monthly Report Requirements

- A. Contractors must have procedures in place to review the completeness, accuracy, integrity, and timely submission of the information required on the Monthly Family Planning Database Report.
- B. Under the HPHC IGA, the Family Planning Contractor's Expenditure Reports (CERs) are due quarterly to the ADHS Family Planning Program manager.
- C. Beginning in March 2020, along with submitting the quarterly reports and CERS, Contractors are to also submit the following supporting documents: Certificates of Completion for training and conferences, and conference registration receipts. The ADHS Family Planning Program Manager will access the Family Planning database to verify the services provided are reflective of the narrative in the quarterly reports and document in the ADHS Program Procedure Tool

5.3 Monthly Performance Report Instructions

The Monthly Performance Report form is to be used to document encounters occurring during the calendar month. Documentation will be based on each individual client versus aggregate data. Here is what the Client and Visit key looks like:

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Client and Visit - KEY

The screenshot shows a web-based data entry form titled "Client and Visit - KEY". The form is divided into several sections:

- Client Section:** Includes fields for Client ID (13P??????), Date of Birth (mm/dd/yyyy), and Gender (Female/Male).
- Visit Section:** Includes fields for Agency (Prima), Date of Visit (mm/dd/yyyy), and Type of Visit (Initial/Annual/Medical).
- Services Performed:** A list of checkboxes for various tests like Chlamydia, Breast Exam, Syphilis, Gonorrhea, Pap, HIV, and Pregnancy tests.
- PRE Contraceptive Method:** A list of 25 radio button options for pre-visit contraceptive methods, including Implant, Oral, Diaphragm, Injection, IUD, Condom, and others.
- POST Contraceptive Method:** A list of 25 radio button options for post-visit contraceptive methods, identical to the PRE section.
- Income:** A list of 8 radio button options representing income brackets from 0% to 224% or more.
- Race and Ethnicity:** Multiple choice sections for Race (Not Available, Am. Indian/AK Native, Asian, Black or African Am., White, Native Hawaiian/Pacific Is., Other) and Ethnicity (Hispanic/Latino, Non-Hispanic/Latino, Not Available).
- Emergency Contraceptive:** A checkbox field.
- Yes or No:** A vertical label on the left side of the form, with red arrows pointing to the Services Performed and Emergency Contraceptive sections.

This document is provided to each Contractor, along with an Excel database document for the data to be listed.

- A. Contractor will populate the 3 fields in the header with:
 1. Name of contractor
 2. Month reporting
 3. Date submitted to ADHS Family Planning Program Manager
- B. Complete the form as follows for each qualifying Title V funded client:

Client ID number. (Column 1) This is an identification number assigned by the Contractor. No two clients may have the same client identification number. Client ID numbers must not exceed nine characters.
- C. Date of visit. (Column 2) Must be recorded as mm/dd/yyyy.
- D. Date of birth. (Column 3) Must be recorded as mm/dd/yyyy.
- E. Age. (Column 4) This column will self-populate with correct date of visit and date of birth.
- F. Type of visit. (Columns 5-7) Visit type #3 Medical captures all visits excluding initial follow-up, complaints, re-pap and/or follow ups, etc. Initial and annual visits will be unduplicated.

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- G. Gender. (Column 8) Determined by observation or medical records.
- H. Race. (Columns 9-13) Based on Federal requirements; race is different than ethnicity.
- I. Ethnicity. (Columns 14-15) Ethnicity should be provided through client self- declaration not through observation.
- J. Income. (Columns 16-24) Record client's income, following the Federal Poverty Guidelines; update the income as necessary. Family size and monthly income are used to determine eligibility requirements for the Federal Poverty Level (FPL). The FPL is determined by the Federal Office of Management and Budget (OMB) and is revised annually. Contractors must stay current with OMB information regarding the FPL. The FPL was discussed earlier in this manual and the OMG website was provided.

When determining the client's income, the Contractor must:

- a. Determine the family size, which is the number of people in the client's household, including spouse, and any other dependents. If the client is less than 18 years of age, do not include parents or siblings. Include only the teen and any children the teen reports
 - b. If the client is single use the total gross monthly household income (before taxes)
 - c. If the client is married, use the amount of gross income (before taxes), including any spousal income
 - d. If the client is a teen, include only the teen's income, not the parent's income
 - e. If income varies, or is seasonal, use an average of the annual income, i.e., annual income divided by 12 months
- K. Services Provided. (Columns 25-33) Select all tests performed and record all positive results.
 - L. Emergency Contraception. (Column 34)
 - M. Pre Visit Contraceptive Method: (Columns 35-36) The method a client is using the majority of time prior to the visit. Post Visit Contraceptive Method: The method the client intends to use after the visit. Record both methods when possible using the contraceptive method coding numbers 1 – 26.

5.4 Quarterly Expenditure Report

Per the HPHC IGA, the Contractor shall submit a Quarterly Expenditure Report in a format approved by the Bureau of Women's and Children's Health (BWCH).

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5.5 Quarterly Expenditure Report Requirements

- A. The Quarterly Expenditure Report shall accurately reflect the Contractor's expenditures for each quarter (every three months). For the HPHC IGA, the quarters are: July-September, October-December, January-March, and April-June.
- B. The Quarterly Expenditure Report must be submitted to the Program Manager by the 30th of October, January, April, and July.

5.6 Contractor's Quarterly Expenditure Report Instructions

- A. The Quarterly Expenditure Report form is to be used to document expenditures for Title V Reproductive Health/Family Planning funds only.
- B. Complete the form as follows:
 - 1. Contract Number: Write in your contract number
 - 2. Contractor's Name: Write in your agency name
 - 3. Title of Program: Healthy People Healthy Communities IGA
 - 4. Reporting Period Covered: Quarterly Expenditure Reports are submitted after each quarter (every three months) of the year and are to report expenditures occurring during that period. For example, a report submitted for the quarter of January 2010 thru March 2010 would read, Reporting Period From 1/1/10 to 3/31/10.
 - 5. Contractor's Detailed Statement of Expenditures:
 - a. Budget: Next to each line item, e.g. Personnel Salaries, Professional and Outside, Travel Expenses, etc. write the dollar amount that was budgeted or planned for in the quarter
 - b. Prior Report Period Year to Date Expenditures: This amount is taken from the Total Year to Date Expenditures from the Contractor's Quarterly Expenditure Report from the previous quarter
 - c. Current Reporting Period Expenditures: Write the actual expenditures for each line item for the quarter
 - d. Total Year to Date Expenditures: Add the dollar amount in the Prior Report Period Year to Date Expenditures and the amount in the Current Reporting Period Expenditures. This amount is equal to the Total Year to Date Expenditures
 - 6. Signature of Authorized Person: The authorized person that completed or reviewed the report must sign and date the report

5.7 BWCH Program Manager's Role in Quarterly Expenditure Report Review

- A. The Program Manager in BWCH will review all Quarterly Expenditure Reports when received and will compare expenditures budgeted for the quarter, actual expenditures, and contracted amounts.

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- B. The Contractor will be contacted to discuss any discrepancies found or for any expenditure concerns.
- C. If there are expenditure concerns, the Program Manager in BWCH and the Contractor will agree to a resolution.

5.8 Annual Report

The Contractor shall prepare an annual report that will summarize program activities.

5.9 Annual Report Requirements

- A. The Annual Report must be submitted within 45 days of the end of the contract year..
- B. A blank Annual Report template is provided to all County Contractors that are participating in the HPHC IGA.

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CHAPTER 6: BILLING

- 6.1 Contractor Reimbursement and Contractor’s Expenditure Report (CER)** Contractor reimbursement provisions and methods are specified in the Contractor's written contract agreement with the Arizona Department of Health Services. Reimbursement for services and any other program expenditures are made in accordance with these contract specifications, and upon approval of BWCH Program Manager.

The CER is a multi-purpose form for use by agencies that have a Negotiated Service Contract with the Arizona Department of Health Services. The CER must be completed, signed by an authorized person, and e-mailed to the Program Manager. It is the responsibility of the Chief Executive Officer/Health Officer/Authorized Signer of the reporting agency to insure valid representation of the agency’s expenditures or units reported on Fixed Rate Contracts. Once satisfied, this person must sign and date the report.

6.2 Submission Requirements

Per the contractual language within the HPHC IGA, the contractor must submit a complete and accurate (CER) and narrative report (including all programs within the HPHC IGA), quarterly to the HPHC IGA Program Manager for payment for contracted services provided. For Family Planning specifically, the Contractor must submit the Family Planning Database Report for the ADHS Family Planning Program Manager by the 15th of each month. The CERs will be submitted with the other programs within the HPHC IGA quarterly. If there is an unavoidable delay in submission of any part of the report, the Contractor must notify the ADHS Family Planning Program Manager in a timely fashion.

6.3 Submission Location

Contractors are to submit the quarterly CER, supporting documentation, and the monthly Family Planning Database Reports to:

Physical Mail:

Attention: Family Planning Program Manager
 Arizona Department of Health Services
 Bureau of Women’s and Children’s Health
 50 N. 18th Avenue, Suite 320
 Phoenix, Arizona 85007-3242
 Office Number: 602-364-3124
 Preferably e-mail: alison.lucas@azdhs.gov

6.4 BWCH Program Manager’s Role in CER Approval

- A. The BWCH Program Manager will review the CER and supporting documents for errors, or omissions
- B. The Contractor will be contacted to discuss any discrepancies found.

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- C. CER's not meeting specification may either be amended by the Contractor or by the BWCH Program Manager. If the CER is amended by the BWCH Program Manager, a copy of the amended document will be sent to the Contractor for their records.
- D. Partial or no payment of CER's submitted may be authorized by the Program Manager when:
 - 1. Deliverables are billed but not submitted
 - 2. Insufficient funds exist to fully reimburse the Contractor for services provided
 - 3. Reports and FP databases are blank or if they are not properly filled out (i.e. missing information, data, etc.)
- E. Once the BWCH Program Manager approves the CER, it will be forwarded for payment.

6.5 Supporting Documentation

The Contractor must maintain adequate supporting documentation to verify that units of service billed match units of service provided, and to verify that services were provided to eligible clients.

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CHAPTER 7: PROGRAM MONITORING AND EVALUATION

7.1 Annual Review

All Contractors shall have at least one compliance-based site visit at least every two years. This site visit is also referred to as the site review.

7.2 Multiple Sites

To the extent practical, annual reviews will include a visit to all Contractor site locations, if the Contractor is providing services at multiple sites.

7.3 Consultative Site Visit

In addition to the site review, additional consultative site visits will be conducted if Contractor performance or other circumstances deem it necessary.

7.4 Purpose of the Site Review:

- A. Compliance-based site visits are provided to ensure that services were delivered pursuant to the terms and conditions of the contract and in accordance with the Reproductive Health/Family Planning Program Policy and Procedure Manual.
- B. Other purposes for annual review include but are not limited to:
 - 1. Evaluation of State and Community Resource Utilization
 - 2. Investigation of areas in question
 - 3. Identification of strengths and accomplishments
 - 4. Identification of weaknesses or areas of needed focus
 - 5. Providing consultation and technical assistance
 - 6. Facilitation of communication between the Contractor and BWCH
 - 7. Follow-up on previous site visit findings

7.5 Review Guidelines

The review, which will take place at least every two years, will be conducted in accordance with the following guidelines:

- A. Contractor Notification:
 - 1. The ADHS Family Planning Program Manager will notify the Contractor of the scheduling of annual review site visits.
 - 2. The ADHS Family Planning Program Manager will send an email to the Contractor which will:
 - a. Confirm the date and the time of the visit
 - b. Review the purpose of the visit
 - c. Identify the reviewer
 - d. Discuss activities to expect as part of the review process
 - e. Provide the Contractor with a copy of the site review monitoring tool(s)
 - 3. The visit with the Contractor will be scheduled a minimum of 30 days in advance of the review. The reviewer will work with the Contractor as much as

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possible to assist in minimizing interruptions to the staff's normal workload during the course of the review.

B. Review Process

1. Contractors and Sub-contractors must cooperate fully with the reviewer during the review process by making records and information available, allowing interviews, and providing a tour of the facilities
2. The reviewer will hold an entrance interview to obtain a current overview of clinic operations, clarify the review process, meet staff, answer any questions, and discuss completion of corrective action from any past review
3. Examples of activities included in site visits may include, but are not limited to:
 - a. Review of Contractor Documentation
 - i. Any materials to be distributed to clients
 - ii. Medical records
 - iii. Management reports
 - iv. Job descriptions, personnel files, etc.
 - b. Meeting with or interviewing program personnel to discuss program successes and potential problems
 - c. Work unit observation
4. Exit Conference: The reviewer will provide feedback to the Contractor regarding preliminary findings, the Contractors will have the opportunity to clarify and provide any input they deem necessary

7.6 Annual Review Draft Report

- A. The Program Manager will write findings in a draft report and e-mail the draft with a cover letter to the Contractor for review and comment. The cover letter will include instructions for review of the draft report. The Contractor must respond to the draft report within fourteen (14) days of receipt.
- B. The ADHS Family Planning Program Manager will be available to provide technical assistance as needed.

7.7 Annual Review Final Report and Corrective Action

- A. Within (5) five days of receipt and review of the Contractor's comments, the Program Manager will prepare a final report. The final report will identify areas of strength and a request for a written plan of corrective action, if required. The final report will be sent with a cover letter that will include instructions for completion of the written plan of correction.
- B. The Contractor will prepare the plan of corrective action addressing each finding included in the current year's annual review. This plan must be returned within 14 days of receipt of the final report.

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- C. Once the written plan of corrective action has been reviewed and approved by the Program Manager, it will be included as part of the final report
- D. The final report will be maintained in the Program files for future review.

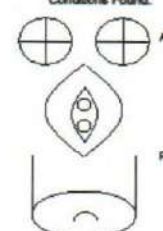
7.8 Failure to Comply

Concerns of compliance failure or major contract performance issues will be reported to the Procurement Administrator. The Procurement Administrator will notify the Contractor within (7) seven days of receipt of the concern regarding further recourse.

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CHAPTER 8: APPENDICES AND OPTIONAL DOCUMENTS

ARIZONA FAMILY PLANNING PROGRAM ENCOUNTER FORM

PATIENT	PHAMISEP _____ MRW _____ Date of Visit / / _____ Clinic Site _____ Visit Type _____ NAME: Last _____ First _____ Middle _____																				
LAB	T-1 _____ (04) BP _____ / _____ (08) Pro _____ Pregnancy Test _____ (09) VDRL _____ (12) Pap Smear _____ (01) WT _____ (05) HGB/HCT _____ (07) Glu _____ Type _____ / (10) GC _____ (15) Wet Mount/Gram _____ (02) HT _____ (06) Cholesterol _____ (D-) pH _____ Result _____ EDG: _____ (11) Chlamydia _____ (22) Rubella Titre _____																				
SUBJECTIVE	DOB / / AGE _____ LMP _____ G _____ P _____ (Current Medications, include Birth Control) (Medical Hx Reviewed) EDUCATION/COUNSELING PROVIDED: _____ None (1 = Verbal; 2 = Media Assisted) (01) _____ Contraceptive (09) _____ Infertility (02) _____ Pregnancy (10) _____ Sterilization (03) _____ HIV Risks (11) _____ Immunizations (04) _____ Domestic Violence (12) _____ Hypertension (05) _____ Nutrition (13) _____ Pap Smear (06) _____ Smoking (14) _____ STD/Vaginitis (07) _____ BCC (15) _____ Preconception Health (08) _____ Parental Involvement discussed, if Teen (00) _____ Other _____																				
OBJECTIVE/ASSESSMENT/PLAN	ORAL CONTRACEPTIVE COMPLICATIONS (01) _____ Abdominal Pains (02) _____ Chest Pain (03) _____ Headaches (04) _____ Extremities Pain (05) _____ Sight/Vision (06) _____ Bleeding (00) _____ Others, detail _____																				
PHARMACY	PHYSICAL EXAM: _____ Full _____ Partial _____ Not Done (0-Within Normal Limits; 1-Other, see comments) (01) _____ Thyroid (02) _____ Heart/Lung (03) _____ Breasts (04) _____ Abdomen (05) _____ Extremities (06) _____ External Genitalia (07) _____ Vagina (08) _____ Cervix (09) _____ Uterus (10) _____ Adhesiae L _____ R _____ (11) _____ Rectal _____																				
REFERRALS	Conditions Found: 1. _____ 2. _____ 3. _____ 																				
POST-COUNSELING	SIGNATURE: _____ (CODE #) _____ (DATE) _____ <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 15%;">RX #</th> <th style="width: 35%;">RX DOSE</th> <th style="width: 20%;"># PRESCRIBED</th> <th style="width: 30%;"># ISSUED</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> Dispense as written _____ Substitution Permissible _____ For _____ To _____ Release _____ For _____ To _____ Release _____ For _____ To _____ Release _____ (01) _____ Exam and Follow-up Instructions Reviewed, Patient States Understanding (02) _____ Counselor on Method (03) _____ Drug/Allergies (04) _____ STD/Vaginitis (05) _____ Emergency Info Given (06) _____ Package Insert/Instructions Given () _____ Other _____ Comments: _____ SIGNATURE/INITIALS _____ (CODE #) _____ (DATE) _____ (01) _____ Physical Exam (04) _____ Post-Counseling (06) _____ HPV Rfx (08) _____ Colposcopy () _____ (Diaphragm/U.D.) (03) _____ Ed/Counseling (05) _____ Immunizations (07) _____ STD/Vaginitis Rfx (09) _____ Cryosurgery (00) _____ Other _____ Patient's Next Visit: Date/Interval _____ Purpose: (02) <input type="checkbox"/> Annual (01) <input type="checkbox"/> First Supply (04) <input type="checkbox"/> Follow-up (03) <input type="checkbox"/> Other Supply	RX #	RX DOSE	# PRESCRIBED	# ISSUED																
RX #	RX DOSE	# PRESCRIBED	# ISSUED																		

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Add in County Name

ARIZONA FAMILY PLANNING PROGRAM CLIENT MEDICAL HISTORY

NAME _____ DOB _____
 Date of visit _____ (YR1) Date Updated (YR 2) _____ Date Updated (YR 3) _____
 Allergies _____ Smoking _____ # of Cigs per day _____
 Current Medications _____

Date and detail all positive comments: 0 = within Normal Limits 1 = Other; See Detail

YR 1	YR 2	YR 3	
___	___	___	SKIN (Rashes, Lumps, Sores) _____
___	___	___	HEAD (HA's, Migraines, Seizures) _____
___	___	___	EYES (Glasses/Contacts, Visual Disturb) _____
___	___	___	EARS (Hearing Disturb, Pain, Infection) _____
___	___	___	NOSE, SINUS (Frag Colds, Hay Fever) _____
___	___	___	MOUTH/THROAT (Sores, Pain) _____
___	___	___	NECK (Lumps, Swollen Glands, Pain) _____
___	___	___	BREASTS (BSE, Pain, Lumps, Discharge) _____
___	___	___	RESPIRATION (Asthma, TB, Infection) _____
___	___	___	CARDIAC (Hypertension, Heart Disease, High Cholesterol) _____
___	___	___	GASTRO-INTESTINAL (Digestive upsets, bowel problems, Liver/ gallbladder disease) _____
___	___	___	URINARY (UTI's, Urinary Disorders) _____
___	___	___	REPRODUCTIVE (PID, STD, Vag. Inf., DES, Abn Pap) _____
___	___	___	MUSCULOSKELETAL (Pains, Cramps) _____
___	___	___	PERIPHERAL VASCULAR (Thrombophlebitis, Varicose veins) _____
___	___	___	NEUROLOGIC (Seizures, Fainting, Numbness, Tingling) _____
___	___	___	PSYCHIATRIC (Nervousness, depression) _____
___	___	___	ENDOCRINE (Diabetes, Thyroid disorders) _____
___	___	___	HEMATOLOGIC (Anemia, Bruising/Bleeding, Clotting disorders) _____
___	___	___	CANCER _____
___	___	___	OPERATIONS/HOSPITALIZATIONS/INJURIES _____
___	___	___	IMMUNIZATIONS _____
___	___	___	SEX HISTORY _____

FAMILY HISTORY

F = Father M = Mother PGM = Paternal Grandmother PGF = Paternal Grandfather
 MGM = Maternal Grandmother S = Sister B = Brother

Diabetes _____ Cholesterol _____ Heart Disease _____ Stroke _____ Hypertension _____
 Cancer Type & REL _____
 OTHER _____ SPECIFY _____

Signature _____ (CODE) _____ Date _____
 Signature _____ (CODE) _____ Date _____
 Signature _____ (CODE) _____ Date _____

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El Cliente Del Programa De La Planificacion De La Familia De Arizona La Historia Medica

Nombre _____ La Fecha Del Nacimiento _____
 Fecha (YR 1) _____ Fecha Actualizado (YR 2) _____ Fecha Actualizado (YR 3) _____
 Alergias a Medicinas _____ Fumar _____ Numero por Dia _____
 Medicinas Actuales _____

Fecha y Detalla Todos Comentarios Positivos 0=Dentro de Limites Normales 1=Otro, ve Detalle

YR 1	YR 2	YR 3	
___	___	___	Pele (sarpullidos, amontonan, llagas) _____
___	___	___	Dirija (dolores cabeza, migranas, ataques) _____
___	___	___	Ojos (gafas, contactos, alborotos visuales) _____
___	___	___	Orejas (oyendo alborotos, dolor, infecciones) _____
___	___	___	Nariz/Seno (frecuente los frios, polinosis) _____
___	___	___	La Boca/Garganta (llagas, el dolor) _____
___	___	___	El Cuello (amontona, glaudulas hinchadas, paing) _____
___	___	___	Los Senos (auto examen mensual, dolor, amontona, decarga) _____
___	___	___	Respiracion (asma, TB, infecciones) _____
___	___	___	Cardiaco (hipertension, enfermedad cardiaca, colesterol alto) _____
___	___	___	Gastro-Intestinal (contratiempo digestivo, problemas intestineos, higado/vesicula biliar) _____
___	___	___	Urinario (las infecciones, desordenes) _____
___	___	___	Reproductor (enfermedad inciatante pehrica, ETS, infecciones vaginales, manchas anormales de papilla) _____
___	___	___	Musculoeseuelico (dolor, obstaculizando) _____
___	___	___	Periferico Vacular (thrombophlebitis, venas varicosas) _____
___	___	___	Neurologico (ataques, desmayar, entumecimiento, sintiendo hormagueo) _____
___	___	___	Psiquiatrico (nerviosismo, depresion) _____
___	___	___	El Endocrino (diabetes, desordenes de tiroides) _____
___	___	___	Hematologic (anemia, magullar, sangrar, coagulando) _____
___	___	___	Cancer _____
___	___	___	Operaciones, Hospitalizaciones, Las Heridas _____
___	___	___	Inmunizaciones _____
___	___	___	Historia Del Sexo (la edad llego a ser activa/numero de socios) _____
___	___	___	Los Comentarios (fecha pr favor todo comenta) _____

HISTORIA DE LA FAMILIA				
F = Padre	M = Madre	PGM = Abuela Paternal	PGF = Abuelo Paternal	
MGM = Abuela Materna	MGF = Abuelo Maternal	S = Hermana	B = Hermano	
___ Diabetes	___ Cholesterol	___ Enfermedad Cardiaca	___ Stroke	___ Hipertension
___ Cancer (maquina y el pariente) _____				
___ Otro (especifique) _____				

Firma	Fecha
Firma	Fecha
Firma	Fecha

CONTRACT NUMBER	INTERGOVERNMENTAL AGREEMENT (IGA)
IGA2020-039	ATTACHMENT H FAMILY PLANNING POLICY & PROCEDURES MANUAL

ARIZONA DEPARTMENT OF HEALTH SERVICES - FAMILY PLANNING PROGRAM CLIENT
REGISTRATION FORM - ALL INFORMATION IS CONFIDENTIAL

Date of Visit: ___ / ___ / ___ Social Security Number ___ / ___ / ___ Clinic Site: _____

Personal Data: Please provide the following information.

Last Name: _____ First _____ Middle Initial _____ Birth Date: ___ / ___ / ___

Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male (M)	Marital Status: <input type="checkbox"/> Never Married (N) <input type="checkbox"/> Married (M) <input type="checkbox"/> Divorced (D) <input type="checkbox"/> Living Together (L) <input type="checkbox"/> Separated (S) <input type="checkbox"/> Widowed (W)	Race: <input type="checkbox"/> Asian (A) <input type="checkbox"/> Black (B) <input type="checkbox"/> White (W) <input type="checkbox"/> Other (O) <input type="checkbox"/> Native American (I) Tribe: _____	Are you of Hispanic origin such as Mexican American, Puerto Rican or Cuban? <input type="checkbox"/> Yes (H) <input type="checkbox"/> No	Primary Language: <input type="checkbox"/> English (01) <input type="checkbox"/> Spanish (02) <input type="checkbox"/> Other _____	Years of Education Completed: _____
---	---	--	---	--	---

Maiden Name: _____ Mother's Maiden Name: _____

Residential Address: _____ APT# _____ CITY _____ ZIP _____

Mailing Address: _____ APT# _____ CITY _____ ZIP _____

Home #: (____) _____ Work #: (____) _____ Cell Phone #: (____) _____

Check all the ways we may contact you for Follow-up:
 Mail only Home Phone Work Phone Cell Phone Mail or Phone

Special Instructions/Other: _____

In case of EMERGENCY: Phone # (____) _____ Relationship: _____ NAME (Last, First) _____

What is your PRIMARY work status? (please check one)

Unemployed Working Full-Time Working Part-Time Student Are you a: _____

Seasonal Worker Migrant Worker Not Seasonal or Migrant Worker

Have you seen a doctor in the last 3 months? Yes No If yes, why? _____

Who do you usually go to for health care? (____) Doctor (____) Clinic (____) Other (____) None Name: _____

CONTRACT NUMBER	INTERGOVERNMENTAL AGREEMENT (IGA)
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If you are single, what is **your total monthly** income before taxes: OR
 If you are married, what is **your total combined monthly income** before taxes: \$___per month Number of people (including yourself) who are supported by this income: _____

How many children have you given birth to? (Parity) _____

FOR CLINIC USE ONLY		
FEDERAL GUIDELINE %	FEE SCALE: ___ No Fee ___ Partial Fee ___ Full	ASSIGNED SOURCE OF PAYMENT: ___ Title V ___ Title XX ___ Private Insurance ___ Title X ___ AHCCCS ___ Self ___ Other: _____ Authorization: _____

Are you enrolled in AHCCCS? Yes: ___ AHCCCS ID #: _____ No: _____

Do you ANY have Health Insurance? Yes ___ No ___
 If Yes, does the insurance cover Family Planning services? Yes: ___ No: _____

How did you hear about this Clinic? ___ Friend ___ Family Member ___ Flyer/Pamphlet
 _____ TV/Radio/Newspaper _____ Referred by other agency
 _____ I am a regular patient

CONTRACT NUMBER	INTERGOVERNMENTAL AGREEMENT (IGA)
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HIPPA / Patient Rights
ACKNOWLEDGEMENT

I acknowledge that I have been given the opportunity to view or receive a copy of the notice of Health Information Practices describing how medical information may be used and disclosed under the Health Insurance portability and Accountability Act (HIPAA), as well as a copy of Patient Rights.

Name

Date

Signature

ADVANCE DIRECTIVES
(LIVING WILL OR POWER OF ATTORNEY)

IF you have an advanced directive you may provide us with a copy.
If you do not, we can give you information on how you can obtain one.

PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS:

I have an **ADVANCE DIRECTIVE (Living Will or Power of Attorney)** for health care.

I do not have an **ADVANCE DIRECTIVE (Living will or Power of Attorney)** for health care.

I would like to have information on obtaining an Advanced Directive.

Witness/Staff Signature _____

CONTRACT NUMBER	INTERGOVERNMENTAL AGREEMENT (IGA)
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HIPPA RECONOCIMIENTO

Yo reconozco que se me ha dado la oportunidad de ver o recibir una copia del aviso de Prácticas de Información de Salud que describe cómo su información médica puede ser utilizada y divulgada en virtud de la Ley de portabilidad y Responsabilidad de Seguros Médicos (HIPAA), igualmente copia de los derechos de paciente.

Nombre

Fecha

Firma

LAS INSTRUCCIONES POR ADELANTADO (TESTAMENTO)

Si tiene una directiva avanzada puede proporcionarnos una copia.
Si no, podemos darle información sobre cómo puede obtener uno.

POR FAVOR MARQUE UNA DE LAS SIGUIENTES AFIRMACIONES:

_____ YO tener una directriz anticipada (Testamento) para el cuidado de la salud.

_____ No tengo una directriz anticipada (Testamento) para el cuidado de la salud.

_____ ME gustaría tener información sobre la obtención de una Directiva Avanzada.

CONTRACT NUMBER	INTERGOVERNMENTAL AGREEMENT (IGA)
IGA2020-039	ATTACHMENT H FAMILY PLANNING POLICY & PROCEDURES MANUAL

DOMESTIC/SEXUAL VIOLENCE SCREENING FORM

Completing this form is voluntary. You do not have to fill out this form to receive services. Anything you disclose, including your relationship with the person, who has abused you, will be kept confidential, with the exception of child abuse and neglect.

You may complete this form and request counseling services regardless of your gender, sexual orientation, or marital status. You do not have to have children or have left the abusive situation. You are not required to provide any information or details about the abusive situation to anyone before you are referred to see a counselor.

Are you in danger of a family member, your partner, or ex-partner doing any of the following to you?:

- Hitting, slapping, kicking, choking, or in any way hurting you physically?
- Isolating you, making you feel like a prisoner, or controlling what you can do?
- Threatening to harm you, your children, or someone close to you?
- Stalking you, following you, or checking up on you?
- Shaming or belittling you, constantly putting you down, or telling you that you are worthless?
- Forcing you to have sex, or into sexual acts that you do not want to participate in?
- Making you feel afraid?

_____ **YES:** I would like to meet with a domestic/sexual violence case worker to discuss my situation.

_____ **YES:** But I do not want to meet with anyone at this time.

_____ **NO:** None of the situations described above apply to me or I do not wish to answer these questions at this time.

In signing this form I affirm that the information above is correct.

Signature: _____

Revised 03/10/2020

CONTRACT NUMBER	INTERGOVERNMENTAL AGREEMENT (IGA)
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VOLUNTARY CONSENT FORM

I voluntarily agree to receive Family Planning services from the Graham County Health Department, and further state that I have not been coerced, forced, threatened with physical violence, or otherwise received any undue influence to compel me to receive these services.

I understand that as a part of the overall services, I may be expected to have a physical exam, as well as a Pap smear if deemed necessary by the medical provider. These services will be conducted either by clinicians on contract with, or staff of, the Graham County Health Department. I also agree to participate in any administrative or consultation process that may be necessary to provide the identified services.

I understand that Graham County Health Department provides a teaching environment to students in the health care field. If I have any questions or concerns about this I will speak to a nurse.

I understand that family planning services are available to all females aged 14 years or older regardless of marital status, sexual orientation, religious affiliation, race, ethnicity, or national origin. If I feel I have been discriminated against by any contractor or staff member of the Graham County Health Department I will speak with the Health Director.

I have received and read my Patient Bill of Rights.

I have read the above information and hereby consent to and authorize the staff and contracted clinicians of the Graham County Health Department to conduct the identified Family Planning services.

Signature of Client

Date

Signature of Witness

Date

Please Note: This is an example of language that can be used.

CONTRACT NUMBER	INTERGOVERNMENTAL AGREEMENT (IGA)
IGA2020-039	ATTACHMENT H FAMILY PLANNING POLICY & PROCEDURES MANUAL

FORMULARIO DE CONSENTIMIENTO VOLUNTARIO

Estoy de acuerdo voluntariamente recibir servicios de planificación familiar del Departamento de salud del Condado _____ y más estado que yo he no sido coaccionado, obligado, amenazados con violencia física, o de lo contrario recibe cualquier influencia indebida para obligarme a recibir estos servicios.

Entiendo que como parte de los servicios generales se espera tener un examen físico, así como una prueba de Papanicolaou o sangre dibuja si se considera necesario por el médico. Estos servicios se llevará a cabo por los médicos por contrato con, o de personal, el Departamento de salud del Condado. También estoy de acuerdo en participar en alguna administrativo o proceso de consultas que sea necesaria para proveer los servicios identificados.

Entiendo que _____ Graham Departamento de Salud proporciona un entorno de enseñanza a los estudiantes en el campo de la salud. Si tengo alguna pregunta o inquietud acerca de esto voy a hablar con una enfermera.

Entiendo que servicios de planificación familiar están disponibles para todas las mujeres de 14 años de edad o mayores independientemente del estado civil, orientación sexual, afiliación religiosa, raza, etnia o nacionalidad de origen. Si siento que he sido discriminado por cualquier contratista o miembro del personal del Departamento de salud del Condado voy a hablar con el Director de salud.

Haber leído la información anterior y por la presente consiente y autorizar al personal y los médicos contratados del Departamento de salud del Condado para llevar a cabo los servicios de planificación familiar identificados.

Firma del cliente fecha

Firma del testigo fecha

CONTRACT NUMBER	INTERGOVERNMENTAL AGREEMENT (IGA) ATTACHMENT H FAMILY PLANNING POLICY & PROCEDURES MANUAL
IGA2020-039	

Optional Documents

Electronic copies of the following documents will be shared with each County: Consent for Birth

Control Patch
Consent for Birth Control Ring
Consent for Depo-Provera Consent for
NuvaRing
Consent for Oral Contraceptive ECP
Informed Consent

GREENLEE COUNTY BOARD OF SUPERVISORS
AGENDA INFORMATION FORM



MEETING DATE: August 13, 2020
DEPARTMENT: Co. Admin

REQUESTED BY: D. Rapier
TELEPHONE #: 928-865-2072

1. Insert brief description of proposal and requested Board action:

Discussion/Action - Accept CARES Act Funding Award and approval of Terms and Conditions.

2. Continued from meeting of: N/A
Discussed in meeting of: N/A

3. Publication requirements:

Does this require publication in the official county newspaper? Yes No
This department to cause publication Clerk of the Board to cause publication

4. Financial Impact:

Expenditure: Is this a budgeted expense? Yes No Project Code #: _____
Fund _____ \$ _____ Actual Not to exceed
Fund _____ \$ _____ Actual Not to exceed
If not budgeted, how will this expense be funded? _____

Grants/Contracts:

Federal State Other _____
CFDA # (Federal grants only) _____ State # _____
Fund _____ \$ _____
Matching funds required? Yes No Fund _____ \$ _____

5. Legal Review: Does this item require County Attorney review and approval as to form and within powers granted under the laws of the State of Arizona to the Greenlee County Board of Supervisors?

Yes No

Date of County Attorney approval: June 10, 2020

6. Board of Supervisors action taken:

Approved Amended Disapproved Tabled

Original backup documentation must accompany this form!

Award Notification Letter

Dear Derek Rapier,

Congratulations! This is to inform you that your application is now awarded.

Project: Greenlee County - AZCARES Fund

Program: AZCares Fund

Approval Date:

Approved Amount: \$574,263.00

Federal Awards:

- US16728 U.S. Department of the Treasury: Coronavirus Aid, Relief, and Economic Security (CARES) Act: Coronavirus Relief Fund - FY 2020: \$574,263.00
 - Agency: U.S. Department of the Treasury
 - Fiscal Year: 2020
 - CFDA: 21.019

Total Federal: \$574,263.00

Other Awards: No non-federal funds were included in this award.

Total Match: \$0.00

Period of Performance: 03/01/2020 - 12/30/2020

Award ID: ERMT-20-046

Ein: 866000461



DOUGLAS A. DUCEY
GOVERNOR

STATE OF ARIZONA
OFFICE OF THE GOVERNOR

EXECUTIVE OFFICE

May 29, 2020

Dear Chairperson Lunt:

I am pleased to inform you that we are awarding \$574,263 from the AZCares Fund to the County of Greenlee. We appreciate your leadership and partnership during this difficult time. We have designed this program to provide maximum flexibility to local leaders like yourself so that you can best respond to the individual needs of your community.

As you know, this program was designed based on specific feedback we received from you and your colleagues. We look forward to seeing the many innovative ways that you all will utilize these dollars on behalf of our shared citizens.

If there is anything my office can do to assist in the implementation of your efforts, please don't hesitate to reach out.

Further details are enclosed.

Sincerely,

A handwritten signature in black ink that reads "Douglas A. Ducey".

Douglas A. Ducey
Governor, State of Arizona

State of Arizona
Office of the Governor
AZCares Fund Program

ERMT Grant Number: ERMT-20-046

Award Amount: \$574,263

Grant Agreement Terms and Conditions

This Grant Agreement ("Agreement") is between the County of Greenlee ("Grantee") and the State of Arizona, acting through the Governor's Office ("Grantor"), (sometimes, individually, a "Party," or collectively, "Parties").

I. Purpose

Distribution to local Arizona jurisdictions of federal financial assistance from The U.S. Department of the Treasury's Coronavirus Relief Fund (CRF), Catalog of Federal Domestic Assistance (CFDA) number 21.019, as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

II. Term, Effective Date, and Termination

The Agreement commences when it is signed by both Parties. The Agreement project period is March 1, 2020 through December 30, 2020. The Agreement expires at the end of the award term. The Agreement shall not bind nor purport to bind the Grantor for any commitment in excess of the original Agreement award term or amount.

In the event of a material breach of any provision of this Agreement, the non-breaching Party shall give written notice to the breaching Party specifically setting forth the nature of the breach. Upon being served with such notice, the breaching Party shall have ten (10) days in which to cure said breach. If said breach has not been cured within the ten (10) days, then the non-breaching Party may terminate this Agreement.

III. Renewal and Amendments

This Agreement is issued under the authority of the authorized Grantor representative who signed this Agreement. The Grantor shall have the right, at its sole and unfettered discretion, whether or not to extend this Agreement. If so, the Parties must execute a written Amendment or a new Agreement. A renewal may be considered if the Grantor adds additional funding and subsequent rounds of awards to the AZCares Fund, the State of Arizona receives additional federal Coronavirus Disease 2019 (COVID-19) public health emergency funding, and/or the State of Arizona Legislature chooses to appropriate funding for this specific purpose. Also, consideration for renewal will be based on results of program and fiscal monitoring.

The Agreement may be modified only through an Agreement Amendment within the scope of the Agreement. Any changes to the Agreement by a person who is not specifically authorized by the Grantor representative in writing or made unilaterally by the Grantee are violations of the Agreement and of applicable law. Such changes, including unauthorized written Agreement Amendments shall be void and without effect, and the Grantee shall not be entitled to any claim under this Agreement based on those changes.

IV. Obligations of the Parties

Responsibilities of the Grantee:

- a. Grantee agrees that grant funds will be used in accordance with applicable statutes, program rules, guidelines and special conditions.
- b. Grantee agrees that it will submit financial and activity reports to Grantor in a format provided by the Grantor, documenting the activities supported by these grant funds and

providing an assessment of the impact of these activities. In the event reports are not received on or before the indicated date(s), funding may be suspended until such time as delinquent report(s) are received.

- c. Grantee understands that financial reports are required as an accounting of expenditures for either reimbursement or Grantor-approved payments. Reports are due pursuant to the schedule listed in this Agreement.
- d. The final request for reimbursement of grant funds must be received by the Grantor on or before the last day of the project period.
- e. Grantee agrees to remit all unexpended grant funds to the Grantor within thirty (30) days of written request received from the Grantor.
- f. Grantee agrees that all encumbered funds must be expended and that payroll and Employee Related Expenses (ERE) must be paid on or before the expiration of this Agreement.
- g. Grantee agrees to cooperate and participate with any and all assessments, evaluation efforts or information and data collection requests, and acknowledges that the Grantor has the right to obtain, reproduce, publish, or use data provided under this award in accordance with applicable statutes, rules, and guidelines.
- h. Grantee understands that the Agreement may not be closed until Grantee is compliant with all requirements of the Agreement.
- i. Required programmatic and financial reports are submitted according to the schedule below. At any point, the Grantee can submit its final report thus ending its need to submit any subsequent reports:

Programmatic and Financial Reports	
Report Period:	Due Date:
March 1 st – June 30 th	July 3 rd
July 1 st – September 30 th	October 5 th
October 1 st – December 30 th	January 4 th

Responsibilities of the Grantor:

- a. Once the following actions and documents are completed by Grantee and have been received, verified, and approved by the Grantor, payment to the Grantee will be completed within 5 business days:
 - i. Obtained a Duns & Bradstreet number;
 - ii. SAM.gov registration completed;
 - iii. AZCares Fund application submitted;
 - iv. AZCares Fund Certification Form submitted;
 - v. Budget/expense request submitted;
 - vi. Award acceptance submitted;
 - vii. State of Arizona General Accounting Office (GAO) Automated Clearing House (ACH) set-up completed; and
 - viii. The Agreement executed by the Grantee or an email from the Grantee sent to ospber@az.gov stating that the Agreement is on the Grantee's board/council agenda for review and execution. Grantee will provide the exact date of the board/council meeting in that email.

V. Fund Management

Grantee must receive these funds under this Agreement in a separate ledger account/fund and cannot mix these funds with other sources. The Grantee must manage funds according to applicable federal regulations for administrative requirements, cost principles and audits.

The Grantee must maintain adequate business systems to comply with Federal requirements. The business systems that must be maintained are:

- a. Financial Management
- b. Procurement
- d. Property
- e. Travel

c. Personnel

A system is adequate if it is: 1) **written**; 2) **consistently followed** - it applies in all similar circumstances; and 3) **consistently applied** – it applies to all sources of funds. The Grantor reserves the right to review all business systems policies.

The Grantee shall manage funds according to applicable federal regulations for administrative requirements, cost principles and audits

VI. DUNS/CCR

Each Grantee must provide the following prior to an Agreement being executed: (a) Dun and Bradstreet Universal Numbering System (DUNS) number for the fiscal agent; and (b) proof of current registration in the System for Award Management ("SAM"). SAM is the Official U.S. Government system that consolidated the capabilities of Central Contractor Registration ("CCR"), Fed Reg, ORCA and EPLS. SAM registration must be maintained for the term of the Agreement. The DUNS website is located here.

VII. Reporting Requirements

In compliance with the CARES Act reporting requirements, the Grantee is required to provide the following information:

- a. the total amount of funding received from the AZCares Fund;
- b. the amount of funding received that was expended or obligated for each project or activity;
- c. a detailed list of all projects or activities for which large covered funds were expended or obligated, including—
 - i. the name of the project or activity;
 - ii. a description of the project or activity; and
 - iii. the estimated number of jobs created or retained by the project or activity, where applicable; and
- d. detailed information on any level of subcontracts or subgrants awarded by the covered recipient or its subcontractors or subgrantees, to include the data elements required to comply with the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (31 U.S.C. 6101 note) allowing aggregate reporting on awards below \$50,000 or to individuals, as prescribed by the Director of the Office of Management and Budget.

VIII. Organizational Audit Requirements

Grantee agrees to comply with the organizational audit requirements of 2 CFR Part 200 *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, and further understands and agrees that funds may be withheld, or other related requirements may be imposed, if outstanding audit issues (if any) from their organization's single audit are not satisfactorily and promptly addressed. This CFR Title 2 Part 200 can be found online.

Single Audit: Grantee expending \$750,000 or more of Federal funds from all sources during the organization's fiscal year, must have an annual audit conducted in accordance with 2 CFR Part 200.

- a. If your organization is subject to the requirements of 2 CFR Part 200, then attach one copy of your organization's most recently completed Single Audit with the Management Letter, Findings and Questioned Costs to the completed application.
- b. If your organization is not subject to the requirements of 2 CFR Part 200, submit one copy of the most recently completed audit of financial statements.
- c. If your organization does not have a recently completed audit, attach one copy of the most recently prepared financial statements including a Balance Sheet, Income Statement, and Statement of Cash Flows along with a description of the source of the documents.

IX. Unallowable Costs

All costs incurred prior to the project period start date and costs not consistent with the funding opportunity solicitation are not allowable under this award.

X. Conflicts of Interest Policy

Grantee must establish written policies and procedures to prevent employees, consultants, and others (including family, business, or other ties) involved in grant-supported activities, from involvement in actual or perceived conflicts of interest. The policies and procedures must:

- a. address conditions under which outside activities, relationships, or financial interests are proper or improper;
- b. provide for advance disclosure of outside activities, relationships, or financial interests to a responsible organizational official;
- c. include a process for notification and review by the responsible official of potential or actual violations of the standards; and
- d. specify the nature of penalties that may be imposed for violations.

XI. Acknowledgement of Federal Funding in Communications and Contracting

Grantee must acknowledge Federal funding when issuing statements, press releases, requests for proposals, bid invitations, and other documents describing projects or programs funded in whole or in part with Federal funds. Grantee is required to state: (1) the percentage and dollar amounts of the total program or project costs financed with Federal funds; and (2) the percentage and dollar amount of the total costs financed by nongovernmental sources.

XII. Mandatory Disclosures

Consistent with 45 CFR 75.113, Grantee must disclose in a timely manner, in writing, all information related to violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Disclosures must be sent in writing to the Grantor as stated in Section XVII.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371 remedies for noncompliance, including suspension or debarment (see 2 CFR parts 180 & 376 and 31 U.S.C. 3321).

XIII. Data Collection and Performance Measurement

Grantee must comply with the performance goals, milestones, and expected outcomes as reflected in the funding opportunity solicitation and are required to submit data via the Grantor's data-entry and reporting system, eCivis.

XIV. Ad Hoc Submissions

Throughout the award term, the Grantor may determine that additional information is required beyond the standard deliverables.

XV. Applicable law

In accordance with A.R.S. § 41-2701, *et seq.*, and Arizona Administrative Code, this Agreement shall be governed and interpreted by the laws of the State of Arizona.

XVI. Documents incorporated by reference

The AZCares Fund Allocations and Certification Form are both incorporated into this Agreement in its entirety. Grantee warrants that it has read and understands the AZCares Fund Allocations and Certification Form and agrees to be bound by them in their entirety. In the event of any divergence between this Agreement and the AZCares Fund Allocations and Certification Form, this Agreement shall control.

XVII. Payments

Grantee reimbursements are based only on expenditures approved in its Application budget and budget narrative. A Grantee shall be reimbursed initially for actual public health and safety payroll expenses and EREs for the time period of March 1, 2020 up to the Grantee's application submission or the most recent pay period. If an allocation award balance exists, then the Grantee will either include forecasted payroll expenses and EREs in its application or submit further reimbursement request(s) of its actual public health and safety payroll expenses and EREs until its allocation is fully expended. The Grantee will need to provide its previous year's total actual expense(s) for that category(ies) to validate projection. Overtime is not an eligible expense for reimbursement request(s) from the AZCares Fund. For purposes of the AZCares Fund, Fire, Emergency Medical Services (EMS), 9-1-1, and Sheriff/Police personnel are considered public safety. The Grantee shall use the forms provided by the Grantor to submit reimbursement requests.

Per Federal guidance:

- a. these public health and safety expenses do NOT need to be materially related to the Coronavirus Disease 2019 (COVID-19) public health emergency.
- b. these funds are designed to address unforeseen financial needs and risks created by the COVID-19 public health emergency. For this reason, and as a matter of administrative convenience in light of the emergency nature of this program, the Grantee may presume that payroll costs for public health and public safety employees are payments for services substantially dedicated to mitigating or responding to the COVID-19 public health emergency.

Grantee must:

- a. register for the U.S. Department of Homeland Security, Federal Emergency Management Agency's (FEMA's) Public Assistance (PA) Grant Program via the Arizona Department of Emergency and Military Affairs (DEMA) [portal](#).
- b. submit an application for FEMA PA Grant Program to be verified by DEMA to successfully complete, maintain compliance, and closeout the Public Health and Safety Stabilization Program.
- c. enroll in automatic clearing house (ACH) payments. Grantee must complete the document titled "State of Arizona Substitute W-9 and ACH Vendor Authorization Forms & Instructions." Vendor account set-up and payment information can be found [here](#).

Notwithstanding any other payment provision of this Agreement, failure of the Grantee to submit required reports when due, or failure to perform or deliver required work, supplies, or services, will result in the withholding of payment under this Agreement unless such failure arises due to causes beyond the control and without the fault or negligence of the Grantee.

XVIII. Notification of Program Changes

Grantee agrees to notify the Grantor in writing, thirty (30) calendar days in advance, of any changes in the program that will directly affect service delivery under the terms of the Agreement. No changes shall be implemented without the prior written approval of a formal Agreement Amendment issued by the Grantor.

XIX. Relationship of Parties

The individuals performing work on behalf of Grantee, its subgrantees or its subcontractors are not employees, servants, agents, partners, or joint venturers of the Grantor. The State

of Arizona and the Grantor retains no control or direction over such individuals or over the detail, manner, or methods of performance of their services, and they do not have the authority to supervise or control their work. The individuals performing work on behalf of the Grantee, its subgrantees or its subcontractors are not entitled to receive benefits that employees of the State of Arizona are entitled to receive, including but not limited to, workers' compensation, unemployment compensation, health, vision, or dental insurance, retirement benefits, annual leave, and holiday pay.

XX. Other

- a. Grantee shall follow all applicable laws, rules, and regulations in the performance of work in furtherance of the solicitation, application, and award.
- b. In accordance with ARS § 35-154, every payment obligation of the Grantor under this Agreement is conditioned upon the availability of funds appropriated or allocated for payment of such obligation. If funds are not allocated and available for the continuance of this Agreement, this Agreement may be terminated by the Grantor at the end of the period for which funds are available. No liability shall accrue to the Grantor in the event this provision is exercised, and the State shall not be obligated or liable for any future payments or for any damages as a result of termination under this paragraph.
- c. In accordance with A.R.S. § 35-214, the Grantee shall retain all data, books, and other records ("records") relating to this Agreement for a period of five years from the last financial report submitted to the Grantor. All such documents shall be subject to inspection and audit at reasonable times, including such records of any subgrantee, contractor, or subcontractor. Upon request, the Grantee shall produce the original of any or all such records to the offices of the Grantor.
- d. The Parties warrant that they are in compliance with A.R.S. § 41-4401 and further acknowledge that:
 - i. Any contractor or subcontractor who is contracted by a Party to perform work related to this Agreement shall warrant its compliance with all federal immigration laws and regulations that relate to its employees and its compliance with A.R.S. § 23-214(A);
 - ii. That any breach of the warranty in paragraph "b." above shall be deemed a material breach of this Agreement that is subject to penalties up to and including termination of this Agreement;
 - iii. The Parties retain the legal right to inspect the employment records of any employee of any contractor or subcontractor who performs work related to this Agreement to ensure that the contractor or subcontractor is complying with the warranty in paragraph "b." above and that the contractor agrees to make all employment records of said employee available during normal working hours to facilitate such an inspection; and
 - iv. Nothing in this Agreement shall make any contractor or subcontractor an agent or employee of the Parties to this Agreement.
- e. The Parties shall comply with the provisions of State Executive Order 2009-9, Title VI of the Civil Rights Act of 1964, as amended, Section 504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act, as amended.
- f. This Agreement does not imply authority to perform any tasks or accept any responsibility not expressly stated in this Agreement.
- g. This Agreement does not create a duty or responsibility unless the intention to do so is clearly and unambiguously stated in this Agreement. This Agreement shall not relieve the Parties of any obligation or responsibility imposed on it by law.
- h. This Agreement contains the entire agreement of the Parties with respect to its subject matter and supersedes all prior and contemporaneous agreements, understandings, and inducements, whether express or implied, oral or written.

- i. Any change, modification, or extension of this Agreement must be submitted through the Grantor's online grant management system, eCivis, and approved by Grantor.
- j. This Agreement has been arrived at by negotiation and shall not be construed for or against any Party.
- k. The Parties agree that all the conditions set forth herein are material to this Agreement and a breach of any condition is a breach of this Agreement.
- l. The failure of either Party to insist in any one or more instances upon the full and complete performance of any of the terms and provisions of this Agreement to be performed by the other Party or to take any action permitted by this Agreement shall not be construed as a waiver or relinquishment of the right to insist upon full and complete performance of the same or any other covenant or condition either in the past or in the future. The acceptance by either Party of sums less than may be due and owing at any time shall not be construed as an accord and satisfaction.
- m. The substantive laws of Arizona (without reference to any choice of law principles) shall govern the interpretation, validity, performance and enforcement of this Agreement. The Parties further agree to cooperate in all ways reasonable and necessary to comply with the applicable statutes, including amending this Agreement as needed in the future and making any refunds or payments that might be required to bring the Parties into full compliance with applicable law.
- n. Nothing in this Agreement is intended to create any third-party beneficiary rights; and the Grantor and the Grantee expressly state that this Agreement does not create any third-party rights of enforcement.
- o. This Agreement may be executed in any number of counterparts, all such counterparts shall be deemed to constitute one and the same instrument, and each of said counterparts shall be deemed an original hereof.
- p. If the last day of any time stated herein shall fall on a Saturday, Sunday, or legal holiday in the State of Arizona, then the duration of such time shall be extended so that it shall end on the next succeeding day which is not a Saturday, Sunday, or legal holiday.
- q. Except as expressly provided herein, no Party may delegate or assign its rights or responsibilities under this Agreement without prior written approval of the other Party and any purported assignment or delegation in violation of this provision shall be void.
- r. The Parties to this Agreement agree to resolve all disputes arising out of or relating to this Agreement through arbitration, after exhausting applicable administrative review, to the extent required by A.R.S. § 12-1518, except as may be required by other applicable statutes.
- s. If any provision of this Agreement is held invalid, the remainder of the Agreement shall not be affected thereby and all other parts of this Agreement shall be in full force and effect.
- t. Any deviation or failure to comply with the purpose and/or conditions of this Agreement without prior approval may constitute sufficient reason for the Grantor to terminate this Agreement, revoke the grant, require the return of all unspent funds, perform an audit of expended funds, and require the return of any previously spent funds which are deemed to have been spent in violation of the purpose or conditions of this grant.
- u. The Parties acknowledge they have been advised by counsel, or have had the opportunity to be advised by counsel, in the execution of the Agreement.

IN WITNESS WHEREOF, the Parties have made and executed the Agreement the day and year first above written.

FOR GRANTEE:

Authorized Signatory

Date

Printed Name and Title

Additional signature(s) if required by political subdivision

Date

Printed Name and Title

Date

Attest:

Clerk

Date

Note: If applicable, the Agreement must be approved by the appropriate county supervisory board or municipal council and appropriate local counsel (i.e. county or city attorney). Furthermore, if applicable, resolutions and meeting minutes must be forwarded to the Governor's Office with the signed Agreement.

Approved as to form and authority to enter into Agreement (Excluding non-profits):

Legal counsel for Grantee

Date

Printed Name and Title

Statutory or other legal authority to enter into Agreement (Excluding non-profits):

Appropriate A.R.S., ordinance, or charter reference

FOR GOVERNOR'S OFFICE:

Matthew Gress, Director
State of Arizona
Governor's Office of Strategic Planning and Budgeting

Date

GREENLEE COUNTY BOARD OF SUPERVISORS
AGENDA INFORMATION FORM



MEETING DATE: August 13, 2020
DEPARTMENT: Bd of Sup.

REQUESTED BY: Board of Sup/Co. Atty/Co Admin
TELEPHONE #: 928-865-2072

1. Insert brief description of proposal and requested Board action:

Discussion/Action - Review of Greenlee County Mask Wearing Regulation to continue, end or modify the regulation.

2. Continued from meeting of: N/A
Discussed in meeting of: N/A

3. Publication requirements:

Does this require publication in the official county newspaper? Yes No
This department to cause publication Clerk of the Board to cause publication

4. Financial Impact:

Expenditure: Is this a budgeted expense? Yes No Project Code #: _____
Fund _____ \$ _____ Actual Not to exceed
Fund _____ \$ _____ Actual Not to exceed
If not budgeted, how will this expense be funded? _____

Grants/Contracts:

Federal State Other _____
CFDA # (Federal grants only) _____ State # _____
Fund _____ \$ _____
Matching funds required? Yes No Fund _____ \$ _____

5. Legal Review: Does this item require County Attorney review and approval as to form and within powers granted under the laws of the State of Arizona to the Greenlee County Board of Supervisors?

Yes No

Date of County Attorney approval: _____

6. Board of Supervisors action taken:

Approved Amended Disapproved Tabled

Original backup documentation must accompany this form!

STATE OF ARIZONA
COUNTY OF GREENLEE

REGULATIONS REQUIRING FACE COVERINGS IN GREENLEE COUNTY

WHEREAS, on March 11, 2020, the Governor of the State of Arizona issued a Declaration of Public Health Emergency due to the necessity to prepare for, prevent, respond to, and mitigate the spread of COVID-19; and

WHEREAS, COVID-19, a respiratory disease that can result in serious illness or death, is caused by the SARS-Co V-2 virus, which is a new strain of coronavirus that had not been previously identified in humans and can spread from person to person; and

WHEREAS, the current scientific understanding of this virus from the U.S. Centers for Disease Control and Prevention indicates that it spreads primarily from person to person, mainly through respiratory droplets produced when an infected person talks, coughs, or sneezes; and

WHEREAS, these respiratory droplets can land in the mouths or noses of nearby people or can possibly be inhaled into the lungs; and

WHEREAS, spread is more likely when people are in close contact with one another (within 6 feet); and

WHEREAS, data shows that 18 cases of COVID-19 already exist in Greenlee County, and the effects of person-to-person transmission throughout Greenlee County have impacted the life and health of the people of Greenlee County, as well as our economy, and is a public health incident that affects life, health, property or the public peace; and

WHEREAS, one death from COVID-19 has already occurred in Greenlee County; and

WHEREAS, Greenlee County is seeing an increase in the rate of new cases; and

WHEREAS, currently there is no vaccine, treatment, or cure for COVID-19; and

WHEREAS, studies have found that mandated face coverings significantly reduce the number of infections; *and*

WHEREAS, pursuant to Executive Order No. 2020-40, the Governor of the State of Arizona authorized a county, city, or town, based on conditions in its jurisdiction, to adopt policies regarding the wearing of face coverings in public for the purpose of mitigating the spread of COVID-19; and

WHEREAS, Greenlee County has authority to promulgate county-wide regulations to mitigate the spread of infectious disease for the protection and preservation of public health pursuant to A.R.S. § 26-307 and consistent with Maricopa County Health Department v. Harmon, 156 Ariz. 161 (1987);

NOW, THEREFORE, IT IS HEREBY ORDERED that, as a result of the aforementioned conditions, it is the policy of Greenlee County that all persons within Greenlee County shall wear face coverings in compliance with the following regulations:

I. Definitions

A. "Face Covering" means a covering that fully covers a person's nose and mouth. The term "Face Covering" includes, but is not limited to, cloth face masks, surgical masks, towels, scarves, and bandanas. A "Face Covering" shall fit snugly on a person's face but allow the person to breathe easily. A Face Covering shall be worn consistent with the guidance provided by the U.S. Centers for Disease Control and Prevention.

B. "Home" has its natural meaning, as a person's residence, to include the dwelling structure and all property legally associated with the dwelling structure.

C. "Patron" means a customer or other person who visits a Place of Public Accommodation who is not a staff member of the Place of Public Accommodation.

D. "Physical distancing" means keeping 6 feet of distance between persons who are not in the same household.

E. "Place of Public Accommodation" means facilities, buildings, establishments, accommodations, services, commodities, or uses offered to or for use by the general public in Greenlee County, including public places where food or beverages are offered for sale, public places operated for temporary lodging, use or accommodation of those seeking health or recreation and all establishments offering goods or facilities, communal outdoor spaces such as sidewalks, trails, and parks, and entities soliciting patronage from the general public.

II. Use of Face Coverings

A. Effective as of 12:00 a.m. on July 1, 2020, all persons in Greenlee County who do not qualify for an exemption described in Section III of these regulations must wear a Face Covering under the following circumstances:

i. All patrons age six and over required to wear Face Coverings while inside the enclosed area of any Place of Public Accommodation;

ii. Adult patrons accompanying children aged two through five shall use reasonable efforts to cause those children to wear Face Coverings while inside the enclosed area of any Place of Public Accommodation; and

iii. All Places of Public Accommodation shall require staff members to wear, and those staff members shall wear, Face Coverings while working in areas open to the general public and areas in which interactions with other staff members are likely.

B. Wearing a Medical-Grade Mask satisfies any requirement in section II.A to wear a Face Covering. But all persons in Greenlee County are urged to reserve Medical-Grade Masks for use by health care workers and first responders.

III. Categorical Exemptions

A. These regulations do not apply to persons in Homes.

B. Exemptions are also applicable under the following circumstances:

i. For persons who fall into the U.S. Centers for Disease Control and Prevention's guidance for those who should not wear Face Coverings due to a medical or mental health condition or developmental disability;

ii. For children under 2 years old;

iii. For restaurant patrons while they are eating or drinking;

iv. For persons exercising in communal outdoor spaces, or persons walking or exercising with other persons from the same household in communal outdoor spaces, as long as Physical Distancing is maintained. For persons congregating in communal outdoor spaces with other persons not in their same household, Face Coverings are required when Physical Distancing is not maintained;

v. In settings where it is not practical or feasible to wear a Face Covering, including when obtaining or rendering goods or services, such dental services, medical treatments or while swimming;

vi. For persons in a personal vehicle, personal office, or similarly private space where other persons outside of the person's household are not present;

vii. For public safety employees and/or emergency responders and/or field employees engaged in essential functions, when wearing a Face Covering would interfere with or severely limit their ability to carry out their essential duties or functions; and

viii. For persons complying with the directions of public safety employees and/or emergency responders.

ix. For persons wearing a face shield while providing instruction to others in an educational setting or while testifying in court.

IV. Territorial Applicability

A. These regulations apply throughout Greenlee County, without regard to whether the area is in incorporated or unincorporated Greenlee County.

B. These regulations set minimum standards for Face Coverings. Nothing in these regulations prohibits or impedes any city, town, other public entity, or private entity from enacting and enforcing more restrictive regulations regarding the use of Face Coverings.

V. Enforcement

A. A person who declines to wear a Face Covering because of a medical condition shall not be required to produce documentation verifying the condition.

B. Consistent with the Governor of the State of Arizona's Executive Order No. 2020-40, enforcement of these regulations shall focus first on educating the public on the dangers of community spread and promoting best public health practices to achieve the goal of these regulations: mitigating the spread of COVID-19.

C. Any person violating these regulations shall be notified of the provisions of these regulations and be given an opportunity to comply prior to any enforcement action being taken.

i. A first offense under these regulations shall result in a warning.

ii. Further offenses may subject the person violating these regulations to a civil penalty of not more than \$50.

VI. Severability

It is the intent of Greenlee County that if a provision of these regulations or their application to any person or circumstance is held invalid or unconstitutional, the invalidity or unconstitutionality does not affect other provisions or applications of the regulations that can be given effect without the invalid provision or application, and to this end the provisions of this regulation are severable.

IT IS FURTHER PROCLAIMED that Greenlee County encourages cities and towns in Greenlee County to adopt regulations at least as restrictive as these regulations; and

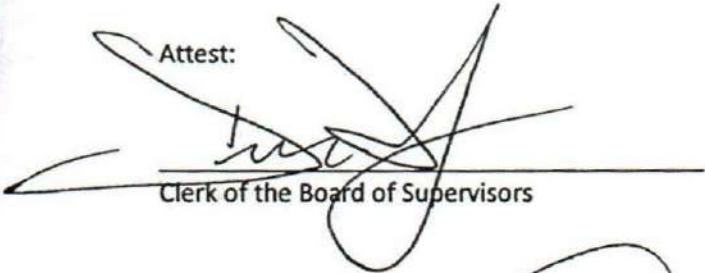
IT IS FURTHER PROCLAIMED AND ORDERED that these regulations shall be reviewed during the first Board of Supervisors meeting in August. If not renewed at the first meeting in August, the regulations shall expire on August 15, 2020.

ADOPTED by the Greenlee County Board of Supervisors, Greenlee County, Arizona, this 30 day of June, 2020


Richard Lunt

Chairman of the Greenlee County Board of Supervisors

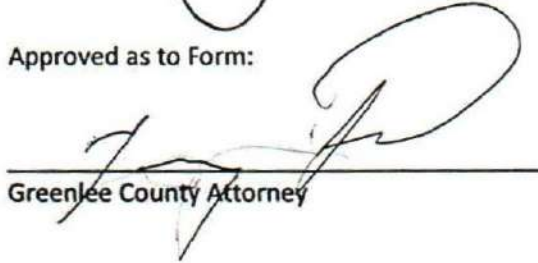
Attest:



A handwritten signature in black ink, consisting of several loops and a long horizontal stroke, is written over a solid horizontal line.

Clerk of the Board of Supervisors

Approved as to Form:



A handwritten signature in black ink, featuring a large, prominent loop and several smaller strokes, is written over a solid horizontal line.

Greenlee County Attorney

GREENLEE COUNTY BOARD OF SUPERVISORS
AGENDA INFORMATION FORM



MEETING DATE: August 13, 2020
DEPARTMENT: Co. Admin.

REQUESTED BY: D. Rapier
TELEPHONE #: 928-865-2072

1. Insert brief description of proposal and requested Board action:
Discussion/Adoption of Fiscal Year 2020-2021 Tax Rates

2. Continued from meeting of: N/A
Discussed in meeting of: N/A

3. Publication requirements:
Does this require publication in the official county newspaper? Yes No
This department to cause publication Clerk of the Board to cause publication

4. Financial Impact:
Expenditure: Is this a budgeted expense? Yes No Project Code #: _____
Fund _____ \$ _____ Actual Not to exceed
Fund _____ \$ _____ Actual Not to exceed
If not budgeted, how will this expense be funded? _____

Grants/Contracts:
Federal State Other _____
CFDA # (Federal grants only) _____ State # _____
Fund _____ \$ _____
Matching funds required? Yes No Fund _____ \$ _____

5. Legal Review: Does this item require County Attorney review and approval as to form and within powers granted under the laws of the State of Arizona to the Greenlee County Board of Supervisors?
 Yes No
Date of County Attorney approval: _____

6. Board of Supervisors action taken:
 Approved Amended Disapproved Tabled

Original backup documentation must accompany this form!

GREENLEE COUNTY
 FY 2020-2021 ASSESSED VALUATIONS, TAX LEVIES, AND TAX RATES
 FINAL

TAX AUTHORITY	PURPOSE OF LEVY	LEVY	TAX RATE	LEVY	TAX RATE
GREENLEE COUNTY		Limited Property Valuation	515,942,447	Limited Property Valuation	515,942,447
	County Levy	3,307,191	0.6410		
	State Required Education Equalization	2,283,561	0.4426		
	Public Health Services District			1,127,334	0.2185
	Fire District Assistance			17,470	0.0034
				Limited Property Valuation	53,112,835
	Flood Control District			114,139	0.2149
	TOTAL	5,590,752	1.0836	1,258,944	0.4368
TOWN OF DUNCAN 220		Limited Property Valuation	1,504,647	Limited Property Valuation	1,504,647
	Public Works Reserve	14,100	0.9371		
TOWN OF CLIFTON 310/1810		Limited Property Valuation	12,553,852	Limited Property Valuation	12,553,852
	Primary Levy	500,000	3.9828		
DUNCAN UNIFIED SCHOOL DISTRICT NO. 2		Limited Property Valuation	14,384,248	Limited Property Valuation	14,384,248
	Maintenance & Operation	806,899	5.6096		
	M&O Secondary Override			278,565	1.9366
	Debt Service (Class A Bonds)			0	0.0000
	TOTAL	806,899	5.6096	278,565	1.9366
CLIFTON UNIFIED SCHOOL DISTRICT NO. 3					
	Maintenance & Operation				
	Capital Outlay Fund 410				
	Debt Service				
	TOTAL				
		<i>See Morenci Sch Dist</i>		<i>See Morenci Sch Dist</i>	
MORENCI UNIFIED SCHOOL DIST. NO. 18		Limited Property valuation	500,066,048	Limited Property Valuation	500,066,048
	Maintenance & Operation	8,979,186	1.7956		
	K-3 Override			0	0.0000
	M&O Secondary Override			0	0.0000
	Debt Service (Class B Bonds)				
	Minimum Qualifying Tax Rate	320,995	0.0642		
	TOTAL	9,300,181	1.8598	0	0.0000
BLUE ELEMENT. SCHOOL DIST. NO. 22		Limited Property Valuation	812,731	Limited Property Valuation	812,731
	Maintenance & Opertion	33,133	4.0767		
EAGLE UNIFIED SCHOOL DIST. NO. 45		Limited Property valuation	679,420	Limited Property Valuation	679,420
	Minimum QTR Rate	12,482	1.8371		
	Maintenance & Operation				
	TOTAL	12,482	1.8371		
DUNCAN RURAL FIRE DISTRICT 230				Limited Property Valuation	3,437,558
	Maintenance & Operation			87,350	2.5410
FRANKLIN IRRIGATION DISTRICT		3992.36	0.00	35,931	9.00
GILA INSTITUTE FOR TECHNOLOGY (Duncan)				Limited Property Valuation	14,384,248
				7,192	0.05
GILA INSTITUTE FOR TECHNOLOGY (Morenci)				Limited Property Valuation	500,066,048
				250,033	0.05

APPROVED BY THE GREENLEE COUNTY BOARD OF SUPERVISORS THIS 13th DAY OF AUGUST, 2020.

DEREK RAPIER
County Administrator
(928) 865-2072

FACSIMILE (928) 865-9332



BOARD OF SUPERVISORS
P.O. BOX 908
253 5TH STREET
CLIFTON, AZ 85533

DAVID GOMEZ
District 1

RON CAMPBELL
District 2

RICHARD LUNT
District 3

MEETING NOTICE and AGENDA
Pursuant to Arizona Revised Statutes §38-431, et. seq.
and amendments thereto, the
GREENLEE COUNTY BOARD OF SUPERVISORS
also sitting as Board of Directors for
GREENLEE COUNTY PUBLIC HEALTH SERVICES DISTRICT
and
GREENLEE COUNTY FLOOD CONTROL DISTRICT

hereby gives notice that a
Regular Meeting
will be held on **Wednesday, July 29, 2020 – 8:00 a.m.**
Zoom Video Conferencing. To join the meeting enter the following URL into your
browser:

<https://us02web.zoom.us/j/88053102662?pwd=dUI6WDI2YTl2ZjRWRC93SHY5aE1sdz09>

Meeting ID: 880 5310 2662
Passcode: 349815

**Board of Supervisors Meeting Room, 2nd floor Courthouse Annex, 253 5th Street,
Clifton, Arizona**

AGENDA AND MINUTES

In attendance: Board of Supervisors members: Richard Lunt, Chairman, David Gomez, Member; and Ron Campbell, Member. Also present were Jeremy Ford, County Attorney; Derek Rapier, County Administrator, Austin Adams, Deputy County Administrator and Bianca Figueroa, Deputy Clerk of the Board

1.) Call to Order

Chairman Lunt called the meeting to order at 8:03 a.m.

A. Pledge of Allegiance

Supervisor Campbell led those present in the Pledge of Allegiance.

B. Call to the Public

Suzanne Menges, of Guthrie, answered the call to the public and extended an invitation to attend an event in the Duncan Park on Friday July 31, 2020, to raise

awareness of human trafficking and spoke briefly on the topic. She also emphasized the importance of coming changes to the NEPA timelines requiring a shorter decision-making process.

Daniel Cervantez, of Clifton, answered the call to the public. He reported on the Morenci COVID testing blitz and discussed the public notice regarding the final budget. He praised staff for the work they put into the budget.

Austin Adams responded to the call to the public and reminded all listening that on Saturday August 1, 2020, that Census workers will have a booth set up at the Ace Hardware in Morenci to assist and encourage people to complete their Census.

2.) PUBLIC HEALTH SERVICES DISTRICT – the Board of Supervisors will convene as the Board of Directors of the Greenlee County Public Health Services District and will reconvene as the Board of Supervisors following consideration of these items:

A. Consent Agenda

- 1. Clerk of the Board: Consideration of approval of Public Health Services District expense warrants in excess of \$1,000.00**
- 2. Health Manager: Consideration of approval of Employee Transaction Form: A. Holguin, Clerk II**

Upon motion by Supervisor Gomez, seconded by Supervisor Campbell, and carried unanimously, the Board approved the Public Health Services District Consent Agenda as presented.

3.) FLOOD CONTROL DISTRICT – the Board of Supervisors will convene as the Board of Directors of the Greenlee County Flood Control District and will reconvene as the Board of Supervisors following consideration other these item:

A. Consent Agenda

- 1. Clerk of the Board: Consideration of approval of Flood Control District expense warrants in excess of \$1,000.00**

Upon motion by Supervisor Gomez, seconded by Supervisor Campbell, and carried unanimously, the Board approved the Flood Control District Consent Agenda as presented

- B. Emergency Manager: Discussion/Action regarding approval of the Greenlee County Alert/Flood Warning System, Maintenance and Improvements for FY 2020/2021 for the amount not to exceed \$50,911.00**

Emergency Management Director asks the Board to approve the annual contract with JE Fuller to perform maintenance on the Greenlee County Alert/Flood Warning System.

Upon motion by Supervisor Campbell, seconded by Supervisor Gomez, and carried unanimously, the Board approved the Alert/Flood Warning System, Maintenance and Improvements contract for FY 2020/2021 for the amount not to exceed \$50,911.00

4.) Tony Hines, Public Works-Facilities/Parks Manager
A. Discussion/Action to fill a Tech II position for Facilities/Parks

Public Works Manager requests permission to fill a vacant Tech II position with budgeted funds, ½ from facilities, ½ from parks budget.

Motion to approve the request was made by Supervisor Gomez and seconded by Supervisor Campbell. The motion carried unanimously to approve the request.

5.) Derek Rapiere, County Administrator
A. Discussion/Action regarding Election Poll Workers compensation rate increase to minimum wage to ensure compliance with Arizona Minimum Wage law and to assist in recruitment of poll workers.

Mr. Rapiere discussed the increased difficulty of finding poll workers, especially during the COVID pandemic. Although the Elections Director was able to fill all slots for the coming primary election, filling all positions for the General Election in November is not certain. In checking with previous staff, the last time the daily election pay rate was increased it was to approximate minimum wage at the time. In 2016, the voters passed a minimum wage law and it is unclear whether it applies to poll workers or not, but the safest practice is to assume that it does and to pay poll workers minimum wage.

Mr. Campbell asks if they approve minimum wage at this time, will the Board need to approve changes every time minimum wage changes. County Attorney Ford opined that they would not. As the minimum wages changes, so would poll worker wages.

Upon motion by Supervisor Campbell and seconded by Sup. Gomez to increase poll worker compensation to minimum wage, the Board approved to request unanimously.

6.) Greenlee County Fiscal Year 2020-2021 Final Budget
A. Presentation of the FY 20-21 Final Budget

Mr. Rapiere presented a PowerPoint presentation showing important highlights of the proposed FY 20-21 Final Budget including tax rates, assessed value, key

elements of projected revenues and important expenditures changes over the previous fiscal year. The budget forms were presented as well as the FY 20-21 Capital Improvement Plan. Mr. Rapier discussed that the Budget includes budgets for the Public Health Services District, the Flood Control District, the annual plan to pay unfunded liabilities associated with the Public Safety Personnel Retirement System, and the County Fund Balance Policy.

7.) PUBLIC HEARING - pursuant of ARS § 42-17104 – FY 2020-21 Budget

Chairman Lunt opened the public hearing regarding the Fiscal Year 2020-2021 and invited the public to comment on the proposed final budget.

Daniel Cervantez commented on the effectiveness of the budget presentation and recommends approval. He also commends the Board on their management of the county.

No other members of the public addressed the Board regarding the proposed budget. Board members expressed appreciation for the work that went into the budget.

8.) Discussion/Action regarding adoption of FY 2020-2021 Greenlee County Final Budget, including tax rates for Greenlee County, and budgets and tax rates for Public Health Services District, the Flood Control District, the adoption of the Resolution of the Final Greenlee County Budget, adoption of the Capital Improvement Plan, the Fund Balance Policy and the Public Safety Personnel Retirement System Pension Funding Policy for Fiscal Year 2020-2021 pursuant to ARS § 41-17105

Supervisor Campbell moved to set the FY 20-21 primary property tax rate at \$0.6410/\$100 of assessed value which was seconded by Sup. Gomez. The Board passed the motion unanimously.

Supervisor Campbell moved to set the FY 20-21 secondary property tax rate for the Public Health Services District at \$0.2185/\$100 of assessed value which was seconded by Sup. Gomez. The Board passed the motion unanimously.

Supervisor Campbell moved to set the FY 20-21 secondary property tax rate for the Flood Control District at \$0.2149/\$100 of assessed value which was seconded by Sup. Gomez. The Board passed the motion unanimously.

Supervisor Gomez moved to approve and adopt the proposed FY 20-21 Final Budget to include \$14,383,141.00 for the General Fund and a total budget of \$25,727,357.00 including the Flood Control budget of \$150,000 and the Public Health Services District budget of \$2,429,223; this motion also includes approval of the Final Budget Resolution, the Capital Improvement Plan, the Fund Balance Policy, and the Public Safety Personnel Retirement System Pension Funding

Policy. Mr. Campbell seconded the motion. The Board passed the motion unanimously.

9.) Derek Rapiere, County Administrator
A. County and State budget and legislative issues

Mr. Rapiere informed the Board that although there is a lot of information regarding COVID and the Governor's response, it does not appear that the legislature will reconvene in the near future and perhaps not before the end of the year and the next regular session.

B. Calendar and Events

Calendar and events were discussed. The events for the Greenlee County Fair were discussed including that the annual Livestock Show and Sale will take place.

10.) Consent Agenda

- A. Clerk of the Board: Consideration of approval of minutes to previous meetings: [7/7/2020](#); [7/21/2020](#)**
- B. Clerk of the Board: Consideration of approval of expense warrants in excess of \$1,000.00 – Voucher [3045](#); [4001](#)**
- C. Clerk of the Board: Consideration of adoption of Resolution 20-07-01 authorizing the County Treasurer to invest and reinvest all monies as authorized by law for fiscal year beginning July 1, 2020 and ending on June 30, 2020 pursuant to Arizona Revised Statutes §35-327(G)**
- D. County Administrator: Consideration of adoption of resolution 20-07-02 of the Greenlee County Board of Supervisors in recognizing August as Child Support Awareness Month**
- E. Consideration of adoption of resolution 20-07-03 a resolution of the Board of Supervisors of Greenlee County, (the "county") authorizing the county to execute, issue, sell and deliver the county revolving line of credit loan agreement and county revolving line of credit promissory note to ZB, N.A. dba National Bank of Arizona ("NBAZ") commencing July 1, 2020 and ending June 30, 2021, in a principal amount not to exceed \$3,500,000; approving a form of county revolving line of credit loan agreement and county revolving line of credit promissory note; and related matters.**
- F. Clerk of the Board: Consideration of the adoption of Resolution 20-07-04 to authorize signer on the Greenlee County Schools Office account with National Bank of Arizona**
- G. County Librarian: Consideration of approval for Morenci Library Board members Danielle Smith and Arianne Johnson and Clifton Library Board Member Sarah Camacho**
- H. County Sheriff: Consideration of approval of Employee Transaction Forms, [G. Chanez-Contreras](#), Detention Officer I; [A. Basteen](#), Detention Officer and [J. Brimhall](#)**

- I. Elections Director: Consideration of approval of Greenlee County Elections Tabulation Back-Up Plan**
- J. Emergency Manager: Consideration of approval of the AWOS Inspection Verification and Maintenance Service Agreement**

Upon motion by Supervisor Gomez, seconded by Supervisor Campbell, and carried unanimously, the Board approved the consent agenda as presented.

11.) Supervisors Reports

Supervisor Richard Lunt

A. Arizona County Delegation Caucus meeting

Arizona delegates to the National Association of County annual meeting gathered virtually and voted to support the slate of proposed officers including the single nominee for second vice president. Reports were received from others Arizona elected officers who represent the State at the national organization meetings.

B. NACo Annual Business meeting.

Due to COVID, the legislative agenda for NACo was very small and there was very little debate. The Public Lands committee, of which Mr. Lunt is a member, submitted 18 proposals to be included in the National platform.

12.) Adjournment

There being no further business to come before the Board of Supervisors the meeting was adjourned at 9:22 a.m.

All agenda items are for discussion and/or action as deemed necessary. The Board reserves the right to consider any matter out of order. The Board may retire into Executive Session for any of the purposes that are allowed by law, including but not limited to legal advice and/or personnel matters; as authorized by A.R.S. §38-431.et.seq. Persons with a disability may request accommodation for special assistance by contacting Bianca Figueroa at 928-865-2072 (TDD 928-865-2632). Requests should be made as soon as possible to allow time for arrangement of the accommodation.

COUNTY OF GREENLEE VOUCHER



VOUCHER NUMBER	3046
VOUCHER DATE	7/29/2020
FISCAL YEAR	2019-2020

The **COUNTY OF GREENLEE** is hereby authorized by the **GREENLEE COUNTY PUBLIC HEALTH BOARD OF DIRECTORS** to draw warrants against **222-HEALTH SERVICE FUNDS** for the sum of \$ 7,845.03 on account of obligations incurred for value received in services and for materials as shown above for period July 1, 2019 to June 30, 2020 (period cannot overlap fiscal year end).

The **COUNTY OF GREENLEE** is hereby authorized by the **GREENLEE COUNTY FLOOD CONTROL DISTRICT BOARD OF DIRECTORS** to draw warrants against **240 - FLOOD CONTROL DISTRICT FUNDS** for the sum of \$ - on account of obligations incurred for value received in services and for materials as shown above for period July 1, 2019 to June 30, 2020 (period cannot overlap fiscal year end).

The **COUNTY OF GREENLEE** is hereby authorized by the **BOARD OF SUPERVISORS** to draw warrants against **COUNTY OF GREENLEE FUNDS** for the sum of \$ 95,252.63 on account of obligations incurred for value received in services and for materials as shown above for period July 1, 2019 to June 30, 2020 (period cannot overlap fiscal year end).

222 - Health Service Funds	\$ 7,845.03
240 - Flood Control Funds	\$ -
All Other Funds	\$ 87,407.60
TOTAL	\$ 95,252.63

GREENLEE COUNTY VOUCHER

Voucher No: 3046

Voucher Date: 07/29/2020

Prepared By: _____

Printed: 07/29/2020 09:08:27 AM

GREENLEE COUNTY is hereby authorized to draw warrants against GREENLEE COUNTY funds for the sum of \$95,252.63 on account of obligations incurred for value received in services and for materials as shown below for period July 1, 2019 to June 30, 2020 (period cannot overlap fiscal year end.)

I certify by my original signature below that this claim is just and correct, and the services and/or materials herein represented have been received and that the claim: ___ was approved at a public meeting of the governing board on _____ (A.R.S. 15-304), or ___ will be ratified at the next regular or special meeting of the governing board on _____ in accordance with the procedures of A.R.S. 15-321 All items are properly coded and not in excess of the budget. Itemized invoices accompany these vouchers. All employees and officials have on file an oath in compliance with ARS 38-231.

Richard Lunt Chairman, Supervisor District 3

David Gomez Supervisor District 1

Ron Campbell Supervisor District 2

GREENLEE COUNTY

Fund		Amount
101	ADMIN - GENERAL FUND	\$10,590.35
133	ATTORNEY - STATE CRIME VICTIM COMP FUND	\$1,000.00
140	ATTORNEY - ENHANCEMENT FUND	\$937.13
160	COURT IMPROVEMENT PROGRAM	\$13.97
196	LIBRARY - LIBRARY SVCS & TECH ACT GRANT	\$950.00
219	PUBLIC WORKS - LANDFILL OPERATIONS FUND	\$8,201.16
220	PUBLIC WORKS - ROAD FUND	\$3,432.68
222	PHSD - HEALTH SERVICES FUND	\$7,845.03
237	AIRPORT - AIRPORT IMPROVEMENT FUND	\$24,063.20
256	UNITED WAY GRANT	\$833.56
273	ADHS - COVID-19	\$15,784.32
602	PROBATION - STATE FUNDS	\$281.56

Voucher No: 3046

Voucher Date: 07/29/2020

Fund		Amount
611	PROBATION - ADULT PROBATION SERVICE FEES	\$150.00
615	PROBATION - COMMUNITY PUNISHMENT PROGRAM	\$2,084.28
616	PROBATION - JUV INT PROB SUPERVISIONS-JIPS	\$786.05
618	PROBATION - DIVERSION CONSEQUENCES	\$67.64
621	PROBATION - JTSF	\$15,447.20
625	PROBATION - JUDICIAL COLLECTION ENHANCEMENT FUND	\$960.25
629	PROB - JUDICIAL COLLCTN ENHNCMNT FND - IPS ASSIST	\$784.25
802	ADMIN - CAPITAL IMPROVEMENT PROJECTS	\$1,040.00
		<hr/> \$95,252.63

Greenlee County

Disbursement Detail Listing

Fiscal Year: 2019-2020

Bank Name: For Treasurer Posting
 Bank Account: TREASURER
 Print Employee Vendor Names
 Exclude Voided Checks
 Exclude Manual Checks
 Include Non Check Batches

Bank Name: For Treasurer Posting
 Bank Account: TREASURER

Check Number	Date	Voucher	Payee	Invoice	Account	Description	Amount
523250	07/29/2020	3046	ARIZONA SUPREME COURT	V476345	615.641.0000.7715.000	Revertment of FY20 unused funding: JCEF-IPS \$784.25;	\$2,084.28
523250	07/29/2020	3046	ARIZONA SUPREME COURT	V476345	625.629.0000.7715.000	Revertment of FY20 unused funding: JCEF-IPS \$784.25;	\$960.25
523250	07/29/2020	3046	ARIZONA SUPREME COURT	V476345	629.632.0000.7715.000	Revertment of FY20 unused funding: JCEF-IPS \$784.25;	\$784.25
<p>Check Total: \$3,828.78</p>							
523251	07/29/2020	3046	AZ SUPREME COURT	V39359	602.621.0000.7715.000	Revertment of FY20 Unused funding: JTSF \$15,341.84;	\$281.56
523251	07/29/2020	3046	AZ SUPREME COURT	V39359	616.622.0000.7715.000	Revertment of FY20 Unused funding: JTSF \$15,341.84;	\$786.05
523251	07/29/2020	3046	AZ SUPREME COURT	V39359	618.645.0000.7715.000	Revertment of FY20 Unused funding: JTSF \$15,341.84;	\$67.64
523251	07/29/2020	3046	AZ SUPREME COURT	V39359	621.646.0000.7715.000	Revertment of FY20 Unused funding: JTSF \$15,341.84;	\$15,341.84
<p>Check Total: \$16,477.09</p>							
523253	07/29/2020	3046	BOTANICAL PHARM, LLC	080	222.051.0000.7419.000	Graham County Epidemiology Consulting 34	\$2,210.00
523253	07/29/2020	3046	BOTANICAL PHARM, LLC	116	273.051.0067.7419.000	Greenlee County Epidemiology 86 hours at	\$5,590.00
523253	07/29/2020	3046	BOTANICAL PHARM, LLC	215	222.051.0000.7419.000	Greenlee Public Health Consulting 24 hours at	\$1,560.00
<p>Check Total: \$9,360.00</p>							
523254	07/29/2020	3046	BOWMAN CONSULTING	294569	802.095.0000.8570.000	ENGINEER CONSULTING SERVICES- LANDFILL	\$1,040.00
<p>Check Total: \$1,040.00</p>							
523259	07/29/2020	3046	CATERPILLAR FINANCIAL SERVICES CORP	2121666-072020	219.036.0000.9000.000	CONTRACT 2019-002 D8T-FMC01897 CONTRACT	\$8,201.16
<p>Check Total: \$1,040.00</p>							

Greenlee County

Disbursement Detail Listing

Fiscal Year: 2019-2020

Bank Name: For Treasurer Posting
 Bank Account: TREASURER

Date Range: 07/01/2019 - 07/30/2020
 Voucher Range: 3046

Sort By: Check
 Dollar Limit: \$999.99

Print Employee Vendor Names
 Exclude Voided Checks
 Exclude Manual Checks
 Include Non Check Batches

Check Number	Date	Voucher	Payee	Invoice	Account	Description	Amount
523260	07/29/2020	3046	CENTURYLINK	1491372243	101.015.0000.7419.000	911 SERVICES FOR INVOICE DATED MAY 07, 2020	\$4,368.67
523260	07/29/2020	3046	CENTURYLINK	1492127962	101.015.0000.7419.000	911 SERVICES FOR INVOICE DATED MAY 19, 2020	\$4,368.67
Check Total:							\$8,201.16
523261	07/29/2020	3046	CHRISTINE PERKINS	V247036	133.002.0000.7539.000	CVC 20-01 Work Loss	\$1,000.00
Check Total:							\$1,000.00
523271	07/29/2020	3046	JTS CONTAINERS	9371	273.051.0067.6100.000	Storage Containers	\$10,194.32
Check Total:							\$10,194.32
523273	07/29/2020	3046	MARKS RANCH	V298931	220.030.0000.7485.000	RENTAL OF BUILDINGS. SHOP RENT FOR JUNE 2020	\$1,000.00
523273	07/29/2020	3046	MARKS RANCH	V600911	220.030.0000.7485.000	RENTAL OF BUILDINGS. SHOP RENT FOR MAY 2020	\$1,000.00
523273	07/29/2020	3046	MARKS RANCH	V746879	220.030.0000.7485.000	RENTAL OF BUILDINGS. SHOP RENT FOR APRIL 2020	\$1,000.00
Check Total:							\$3,000.00
523277	07/29/2020	3046	MORRISON MAIERLE INC	204590	237.038.0000.6310.000	OBSTRUCTION REMOVAL-BUILDINGS AND	\$24,063.20
Check Total:							\$24,063.20
523281	07/29/2020	3046	R & S NORTHEAST LLC	248979	222.080.0000.6220.000	Medical Supplies	\$2,024.05
523281	07/29/2020	3046	R & S NORTHEAST LLC	251237	222.019.0000.6220.000	Medical Supplies	\$186.96
523281	07/29/2020	3046	R & S NORTHEAST LLC	251237	222.061.0000.6220.000	Medical Supplies	\$93.49
Check Total:							\$2,304.50
Bank Total:							\$88,206.39

Greenlee County

Disbursement Detail Listing

Fiscal Year: 2019-2020

Print Employee Vendor Names
 Exclude Voided Checks
 Exclude Manual Checks
 Include Non Check Batches

Bank Name: For Treasurer Posting
 Date Range: 07/01/2019 - 07/30/2020
 Sort By: Check

Bank Account: TREASURER
 Voucher Range: 3046 -
 Dollar Limit: \$999.99

Check Number	Date	Voucher	Payee	Invoice	Account	Description	Amount
Fund							Amount
101							\$8,737.34
133							\$1,000.00
219							\$8,201.16
220							\$3,000.00
222							\$6,074.50
237							\$24,063.20
273							\$15,784.32
602							\$281.56
615							\$2,084.28
616							\$786.05
618							\$67.64
621							\$15,341.84
625							\$960.25
629							\$784.25
802							\$1,040.00
Fund Totals:							\$88,206.39

End of Report

Disbursements Grand Total: \$88,206.39

COUNTY OF GREENLEE VOUCHER



VOUCHER NUMBER	3047
VOUCHER DATE	8/7/2020
FISCAL YEAR	2019-2020

The **COUNTY OF GREENLEE** is hereby authorized by the **GREENLEE COUNTY PUBLIC HEALTH BOARD OF DIRECTORS** to draw warrants against **222-HEALTH SERVICE FUNDS** for the sum of \$ _____ - _____ on account of obligations incurred for value received in services and for materials as shown above for period July 1, 2019 to June 30, 2020 (period cannot overlap fiscal year end).

The **COUNTY OF GREENLEE** is hereby authorized by the **GREENLEE COUNTY FLOOD CONTROL DISTRICT BOARD OF DIRECTORS** to draw warrants against **240 - FLOOD CONTROL DISTRICT FUNDS** for the sum of \$ _____ - _____ on account of obligations incurred for value received in services and for materials as shown above for period July 1, 2019 to June 30, 2020 (period cannot overlap fiscal year end).

The **COUNTY OF GREENLEE** is hereby authorized by the **BOARD OF SUPERVISORS** to draw warrants against **COUNTY OF GREENLEE FUNDS** for the sum of \$ 236,077.19 on account of obligations incurred for value received in services and for materials as shown above for period July 1, 2019 to June 30, 2020 (period cannot overlap fiscal year end).

222 - Health Service Funds	\$ -
240 - Flood Control Funds	\$ -
All Other Funds	\$ 236,077.19
TOTAL	\$ 236,077.19

GREENLEE COUNTY VOUCHER

Voucher No: 3047

Voucher Date: 08/07/2020

Prepared By: _____

Printed: 08/07/2020 10:40:11 AM

GREENLEE COUNTY is hereby authorized to draw warrants against GREENLEE COUNTY funds for the sum of \$236,077.19 on account of obligations incurred for value received in services and for materials as shown below for period July 1, 2019 to June 30, 2020 (period cannot overlap fiscal year end.)

I certify by my original signature below that this claim is just and correct, and the services and/or materials herein represented have been received and that the claim: ___ was approved at a public meeting of the governing board on _____ (A.R.S. 15-304), or ___ will be ratified at the next regular or special meeting of the governing board on _____ in accordance with the procedures of A.R.S. 15-321 All items are properly coded and not in excess of the budget. Itemized invoices accompany these vouchers. All employees and officials have on file an oath in compliance with ARS 38-231.

Richard Lunt Chairman, Supervisor District 3

David Gomez Supervisor District 1

Ron Campbell Supervisor District 2

GREENLEE COUNTY

Fund		Amount
101	ADMIN - GENERAL FUND	\$233,575.71
134	JUVENILE VICTIMS RIGHTS	\$1,000.00
225	ADMIN - ECONOMIC DEVELOPMENT FUND	\$840.00
256	UNITED WAY GRANT	\$661.48
		<hr/> \$236,077.19

Greenlee County

Disbursement Detail Listing Bank Name: For Treasurer Posting Date Range: 07/01/2019 - 08/07/2020 Sort By: Check
 Fiscal Year: 2019-2020 Bank Account: TREASURER Voucher Range: 3047 Dollar Limit: \$999.99
 Print Employee Vendor Names Exclude Voided Checks Exclude Manual Checks Include Non Check Batches
 Check Number Date Voucher Payee Invoice Account Description Amount

Bank Name: For Treasurer Posting Bank Account: TREASURER

Check Number	Date	Voucher	Payee	Invoice	Account	Description	Amount
523368	08/07/2020	3047	AZ CRIMINAL JUSTICE COMMISSION	V946956	134.002.0000	Return of ACH overage payment	\$1,000.00
523370	08/07/2020	3047	CENTURYLINK	1493192413	101.015.0000	911 SERVICES DATED JUNE 19, 2020	\$4,368.67
523370	08/07/2020	3047	CENTURYLINK	1493913332	101.015.0000	911 SERVICES FOR INVOICE DATED JUNE 07, 2020	\$4,368.67
523377	08/07/2020	3047	PSPRS	V252110	101.000.0000	PSPRS	\$8,737.34
Check Total:							\$1,000.00
Check Total:							\$4,368.67
Check Total:							\$4,368.67
Check Total:							\$223,752.34
Bank Total:							\$223,752.34
Bank Total:							\$233,489.68

Fund Amount
 101 \$232,489.68
 134 \$1,000.00
Fund Totals: \$233,489.68

End of Report Disbursements Grand Total: \$233,489.68

COUNTY OF GREENLEE VOUCHER



VOUCHER NUMBER	4003
VOUCHER DATE	7/29/2020
FISCAL YEAR	2020-2021

The **COUNTY OF GREENLEE** is hereby authorized by the **GREENLEE COUNTY PUBLIC HEALTH BOARD OF DIRECTORS** to draw warrants against **222-HEALTH SERVICE FUNDS** for the sum of \$ 3,651.68 on account of obligations incurred for value received in services and for materials as shown above for period July 1, 2020 to June 30, 2021 (period cannot overlap fiscal year end).

The **COUNTY OF GREENLEE** is hereby authorized by the **GREENLEE COUNTY FLOOD CONTROL DISTRICT BOARD OF DIRECTORS** to draw warrants against **240 - FLOOD CONTROL DISTRICT FUNDS** for the sum of \$ - on account of obligations incurred for value received in services and for materials as shown above for period July 1, 2020 to June 30, 2021 (period cannot overlap fiscal year end).

The **COUNTY OF GREENLEE** is hereby authorized by the **BOARD OF SUPERVISORS** to draw warrants against **COUNTY OF GREENLEE FUNDS** for the sum of \$ 88,256.14 on account of obligations incurred for value received in services and for materials as shown above for period July 1, 2020 to June 30, 2021 (period cannot overlap fiscal year end).

222 - Health Service Funds	\$ 3,651.68
240 - Flood Control Funds	\$ -
All Other Funds	\$ 84,604.46
TOTAL	\$ 88,256.14

GREENLEE COUNTY VOUCHER

Voucher No: 4003

Voucher Date: 07/29/2020

Prepared By: _____

Printed: 07/29/2020 09:11:32 AM

GREENLEE COUNTY is hereby authorized to draw warrants against GREENLEE COUNTY funds for the sum of \$88,256.14 on account of obligations incurred for value received in services and for materials as shown below for period July 1, 2020 to June 30, 2021 (period cannot overlap fiscal year end.)

I certify by my original signature below that this claim is just and correct, and the services and/or materials herein represented have been received and that the claim: ___ was approved at a public meeting of the governing board on _____ (A.R.S. 15-304), or ___ will be ratified at the next regular or special meeting of the governing board on _____ in accordance with the procedures of A.R.S. 15-321 All items are properly coded and not in excess of the budget. Itemized invoices accompany these vouchers. All employees and officials have on file an oath in compliance with ARS 38-231.

Richard Lunt Chairman, Supervisor District 3

David Gomez Supervisor District 1

Ron Campbell Supervisor District 2

GREENLEE COUNTY

Fund		Amount
101	ADMIN - GENERAL FUND	\$37,031.16
140	ATTORNEY - ENHANCEMENT FUND	\$42.41
150	SHERIFF - JAIL ENHANCEMENT FUND	\$155.00
169	LIBRARY - STATE LIBRARY GRANT FUND	\$990.77
219	PUBLIC WORKS - LANDFILL OPERATIONS FUND	\$16,721.59
220	PUBLIC WORKS - ROAD FUND	\$9,408.49
222	PHSD - HEALTH SERVICES FUND	\$3,651.68
223	EMERGENCY MNGMT - BIOTERRORISM	\$160.55
243	FAIR FUND	\$172.90
601	PROBATION - GENERAL FUND	\$483.46
632	PROBATION - JUVENILE TRANSPORT FUND	\$25.00
800	ADMIN - GENERAL LONG TERM DEBT ACCOUNT	\$19,413.13

Voucher No: 4003

Voucher Date: 07/29/2020

Fund

Amount

\$88,256.14

Greenlee County

Disbursement Detail Listing

Bank Name: For Treasurer Posting

Date Range: 07/01/2020 - 07/30/2021

Sort By: Check

Bank Account: TREASURER

Voucher Range: -

Dollar Limit: \$999.99

Fiscal Year: 2020-2021

Print Employee Vendor Names

Exclude Voids Checks

Exclude Manual Checks

Include Non Check Batches

Check Number Date Voucher Payee Invoice Account Description Amount

Bank Name: For Treasurer Posting

Bank Account: TREASURER

523079	07/01/2020	4000	FALCON INSURANCE AGENCY, INC.	V857341	101.016.0000.7458.000	GREENLEE COUNTY AIRPORT INSURANCE	\$3,188.00
523192	07/15/2020	4001	ARIZONA COUNTIES INSURANCE POO	V84757	101.016.0000.7461.000	Invoice nu,ber 2021006	\$55,613.00
523192	07/15/2020	4001	ARIZONA COUNTIES INSURANCE POO	V84757	101.019.0000.7461.000	Invoice nu,ber 2021006	\$105,929.00
523192	07/15/2020	4001	ARIZONA COUNTIES INSURANCE POO	V84757	220.030.0000.7461.000	Invoice nu,ber 2021006	\$92,688.00
523192	07/15/2020	4001	ARIZONA COUNTIES INSURANCE POO	V84757	222.016.0000.7461.000	Invoice nu,ber 2021006	\$10,593.00
523193	07/15/2020	4001	ARIZONA DEPT OF REVENUE	V342460	101.016.0000.7597.000	Administration and collections assessment.	\$5,307.21
523194	07/15/2020	4001	ARTHUR J. GALLAGHER &	V51052	101.016.0000.7461.000	20-21 Primary Auto Insurance Renewal	\$5,307.21
523196	07/15/2020	4001	AZ STATE TREASURER	V411521	101.073.0000.7419.000	State AHCCCS payment for the month of August 2020	\$15,892.00
523198	07/15/2020	4001	CATERPILLAR FINANCIAL SERVICES CORP	V129022	800.030.0000.9000.000	Payment for contract no. 001-0991130-000 &	\$5,854.31
523198	07/15/2020	4001	CATERPILLAR FINANCIAL SERVICES CORP	V226137	800.030.0000.9000.000	Contract #2018-001 140M3 Grader and 930M Contract	\$5,934.99
523198	07/15/2020	4001	CATERPILLAR FINANCIAL SERVICES CORP	V547425	800.030.0000.9000.000	Contract #2015-002 M2 Grader contract	\$2,663.03
523198	07/15/2020	4001	CATERPILLAR FINANCIAL SERVICES CORP	V556392	800.030.0000.9000.000	Contract #2015-002 M2 grader contract	\$2,663.03
Check Total:							\$17,115.36

Greenlee County

Disbursement Detail Listing **Bank Name:** For Treasurer Posting **Date Range:** 07/01/2020 - 07/30/2021 **Sort By:** Check
Bank Account: TREASURER **Voucher Range:** - **Dollar Limit:** \$999.99
 Print Employee Vendor Names **Exclude Voided Checks** **Exclude Manual Checks** **Include Non Check Batches**

Fiscal Year: 2020-2021

Check Number	Date	Voucher	Payee	Invoice	Account	Description	Amount
523199	07/15/2020	4001	COUNTY SUPERVISORS ASSOC OF AZ	V388343	101.003.0000.7529.000	FY 2020 - 2021 building maintenance fund	\$6,700.00
523199	07/15/2020	4001	COUNTY SUPERVISORS ASSOC OF AZ	V69574	101.003.0000.7529.000	CSA Service Fees FY 2020 - 2021	\$38,334.00
523199	07/15/2020	4001	COUNTY SUPERVISORS ASSOC OF AZ	V848805	101.008.0000.7419.000	Via the county managers association - specialized	\$10,000.00
523201	07/15/2020	4001	FOR THE RECORD	14633/01	101.015.0000.7495.000	FTR	Check Total: \$55,034.00 \$1,398.00
523202	07/15/2020	4001	GILA HEALTH RESOURCES, LLC	V432297	222.049.0000.7575.000	Ambulance Reimbursement Fee July 2020 &	Check Total: \$1,398.00 \$35,000.00
523202	07/15/2020	4001	GILA HEALTH RESOURCES, LLC	V741611	222.049.0000.7419.000	Advanced MD Electronic Medical Billing Service for	\$3,804.00
523203	07/15/2020	4001	GLOBAL TRACKING COMMUNICATIONS INC	V10489	101.016.0000.7429.000	INTERNET. SUBSCRIPTION SERVICES	Check Total: \$38,804.00 \$1,438.05
523204	07/15/2020	4001	GRAHAM CNTY BOARD OF SUPERVISO	V488332	101.016.0000.7429.000	Quarter 1, Fiscal Year 2020-2021 - T1 State Lines	Check Total: \$1,438.05 \$5,700.00
523206	07/15/2020	4001	HARRIS SYSTEMS USA INC	MN14043236	101.015.0000.7495.000	MARSHALL & SWIFT MAINTENANCE AND ADMIN	Check Total: \$5,700.00 \$1,264.17
523206	07/15/2020	4001	HARRIS SYSTEMS USA INC	MN14043244	101.015.0000.7495.000	REALWARE SUPPORT & MAINTENANCE AND MATIX	\$20,671.04
523210	07/15/2020	4001	MACK'S AUTO SUPPLY	045030	220.030.0000.6320.000	MOTOR VEHICLE PARTS. 12-2.5 DEF.	Check Total: \$21,935.21 \$135.50
523210	07/15/2020	4001	MACK'S AUTO SUPPLY	045283	101.020.0000.6390.000	SHOP SUPPLIES. GALLON PUMP SPRAYER,	\$107.83
523210	07/15/2020	4001	MACK'S AUTO SUPPLY	045284	101.020.0000.6320.000	MOTOR VEHICLE PARTS. GB 9102-LIFT SUPPORT	\$953.83

Greenlee County

Disbursement Detail Listing

Bank Name: For Treasurer Posting

Date Range: 07/01/2020 - 07/30/2021

Sort By: Check

Bank Account: TREASURER

Voucher Range: -

Dollar Limit: \$999.99

Fiscal Year: 2020-2021

Print Employee Vendor Names

Exclude Voided Checks

Exclude Manual Checks

Include Non Check Batches

Check Number	Date	Voucher	Payee	Invoice	Account	Description	Amount
523210	07/15/2020	4001	MACK'S AUTO SUPPLY	045286	101.005.0000.6320.000	MOTOR VEHICLE PARTS. GB 7124. NAPAGOLD AIR	\$7.99
<p style="text-align: right;">Check Total: \$1,205.15</p>							
523212	07/15/2020	4001	NEXTRAQ	AT01507393	101.016.0000.7429.000	INTERNET NEXTRAQ ADVANTAGE SERVICE, SPEED	\$1,563.80
<p style="text-align: right;">Check Total: \$1,563.80</p>							
523218	07/15/2020	4001	SEAGO	V606655	101.016.0000.7534.000	2020-2021 ANNUAL DUES & RTAC MEMBERSHIP	\$2,101.00
<p style="text-align: right;">Check Total: \$2,101.00</p>							
523219	07/15/2020	4001	SENERGY PETROLEUM	651716	101.005.0000.6250.000	FUEL, OIL, LUB. (NON-TRAVEL)	\$122.87
523219	07/15/2020	4001	SENERGY PETROLEUM	651716	101.005.0000.6250.000	FUEL, OIL, LUB. (NON-TRAVEL)	\$104.94
523219	07/15/2020	4001	SENERGY PETROLEUM	651716	101.020.0000.6250.000	FUEL, OIL, LUB. (NON-TRAVEL)	\$214.73
523219	07/15/2020	4001	SENERGY PETROLEUM	651716	219.036.0000.6250.000	FUEL, OIL, LUB. (NON-TRAVEL)	\$43.53
523219	07/15/2020	4001	SENERGY PETROLEUM	651716	219.036.0000.6250.000	FUEL, OIL, LUB. (NON-TRAVEL)	\$267.36
523219	07/15/2020	4001	SENERGY PETROLEUM	651716	220.030.0000.6250.000	FUEL, OIL, LUB. (NON-TRAVEL)	\$2,613.82
523219	07/15/2020	4001	SENERGY PETROLEUM	651716	220.030.0000.6250.000	FUEL, OIL, LUB. (NON-TRAVEL)	\$488.58
<p style="text-align: right;">Check Total: \$3,855.83</p>							
523221	07/15/2020	4001	STANLEY CONVERGENT SECURITY	123145236900	101.015.0000.7495.000	MONITORING AND MAINTENANCE CHARGES	\$1,587.86
<p style="text-align: right;">Check Total: \$1,587.86</p>							
523223	07/15/2020	4001	THE AARONS COMPANY, LLC	V905661	101.016.0000.7419.000	Consulting services for the month of August 2020	\$3,000.00
<p style="text-align: right;">Check Total: \$3,000.00</p>							

Greenlee County

Disbursement Detail Listing

Bank Name: For Treasurer Posting

Date Range: 07/01/2020 - 07/30/2021

Sort By: Check

Bank Account: TREASURER

Voucher Range: -

Dollar Limit: \$999.99

Fiscal Year: 2020-2021

Print Employee Vendor Names

Exclude Voided Checks

Exclude Manual Checks

Include Non Check Batches

Check Number	Date	Voucher	Payee	Invoice	Account	Description	Amount
523224	07/15/2020	4001	THE MASTER'S TOUCH, LLC	V654323	101.014.0000.7423.000	ESTIMATED POSTAGE FOR 2020 TAX ROLL	\$1,312.00
							Check Total: \$1,312.00
523226	07/15/2020	4001	TYLER TECHNOLOGIES, INC.	025-296275	101.015.0000.7495.000	DISASTER RECOVERY RECORDING MAINTENANCE	\$4,721.85
523226	07/15/2020	4001	TYLER TECHNOLOGIES, INC.	025-296768	101.015.0000.7495.000	MAINTENANCE FOR IVEE7/1/20-6/30/21	\$15,550.55
							Check Total: \$20,272.40
523289	07/29/2020	4003	ADVANCED AIR SYSTEMS, LLC	12265101	101.005.0000.7496.000	REFRIGERATION MAINTENANCE.	\$1,930.66
523289	07/29/2020	4003	ADVANCED AIR SYSTEMS, LLC	12518671	101.005.0000.7496.000	REFRIGERATION MAINTENANCE.	\$99.00
							Check Total: \$2,029.66
523290	07/29/2020	4003	AUSTIN'S AUTO ADVANTAGE	39717	220.030.0000.6320.000	MOTOR VEHICLE PARTS. ROADS BLADES/STOCK.	\$1,291.38
							Check Total: \$1,291.38
523291	07/29/2020	4003	BANKCARD CENTER	V723256	101.004.0000.6100.000	VISA CHARGES	\$278.03
523291	07/29/2020	4003	BANKCARD CENTER	V723256	101.004.0000.6280.000	VISA CHARGES	\$164.25
523291	07/29/2020	4003	BANKCARD CENTER	V723256	101.005.0000.6310.000	VISA CHARGES	\$122.10
523291	07/29/2020	4003	BANKCARD CENTER	V723256	101.008.0000.6100.000	VISA CHARGES	\$45.11
523291	07/29/2020	4003	BANKCARD CENTER	V723256	101.008.0000.7535.000	VISA CHARGES	\$54.93
523291	07/29/2020	4003	BANKCARD CENTER	V723256	101.019.0000.7551.000	VISA CHARGES	\$363.98
523291	07/29/2020	4003	BANKCARD CENTER	V723256	220.032.0000.6100.000	VISA CHARGES	\$150.69
523291	07/29/2020	4003	BANKCARD CENTER	V723256	222.051.0000.7534.000	VISA CHARGES	\$365.00
523291	07/29/2020	4003	BANKCARD CENTER	V723256	222.054.0000.6100.000	VISA CHARGES	\$14.17
523291	07/29/2020	4003	BANKCARD CENTER	V723256	222.080.0000.6120.000	VISA CHARGES	\$425.74
							Check Total: \$1,984.00
523295	07/29/2020	4003	CATERPILLAR FINANCIAL SERVICES CORP	21121666-072820	219.036.0000.9000.000	CONTRACT 2019-002 D8T-FMC01897 CONTRACT	\$8,201.16
523295	07/29/2020	4003	CATERPILLAR FINANCIAL SERVICES CORP	21134379-07202020	800.030.0000.9000.000	Contract #2019-001 140M3-N9D00967 Contract	\$3,853.76

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Check Number	Date	Voucher	Payee	Invoice	Account	Exclude Voided Checks	Exclude Manual Checks	Include Non Check Batches	Amount
523295	07/29/2020	4003	CATERPILLAR FINANCIAL SERVICES CORP	21157807-072820	800.030.0000.9000.000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$5,934.99
523295	07/29/2020	4003	CATERPILLAR FINANCIAL SERVICES CORP	2118750-07222020	800.030.0000.9000.000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$9,624.38
523295	07/29/2020	4003	CATERPILLAR FINANCIAL SERVICES CORP	2121667-07232020	219.036.0000.9000.000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$3,659.84
523300	07/29/2020	4003	DAISY FLORES	V632207	101.012.0000.7411.000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$31,274.13
Check Total: \$2,900.00									
523306	07/29/2020	4003	EMPIRE SOUTHWEST MACHINERY	EMCT00017160	219.036.0000.7499.000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$1,559.46
523306	07/29/2020	4003	EMPIRE SOUTHWEST MACHINERY	EMPS4989867	220.030.0000.6320.000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$137.43
523306	07/29/2020	4003	EMPIRE SOUTHWEST MACHINERY	EMPS4991032	220.030.0000.6320.000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$378.36
523306	07/29/2020	4003	EMPIRE SOUTHWEST MACHINERY	EMPS4993634	220.030.0000.6320.000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$536.06
523306	07/29/2020	4003	EMPIRE SOUTHWEST MACHINERY	EMPS4995039	220.030.0000.6320.000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$358.15
523306	07/29/2020	4003	EMPIRE SOUTHWEST MACHINERY	EMPS4996180	220.030.0000.6320.000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$146.25
523306	07/29/2020	4003	EMPIRE SOUTHWEST MACHINERY	EMPS4997260	219.036.0000.6320.000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$152.30
523306	07/29/2020	4003	EMPIRE SOUTHWEST MACHINERY	EMWK2990250	219.036.0000.7499.000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$1,298.04
523306	07/29/2020	4003	EMPIRE SOUTHWEST MACHINERY	EMWK2991122	220.030.0000.7499.000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$764.81
Check Total: \$5,330.86									

Greenlee County

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Bank Account: TREASURER

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Dollar Limit: \$999.99

Fiscal Year: 2020-2021

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Check Number	Date	Voucher	Payee	Invoice	Account	Description	Amount
523310	07/29/2020	4003	GLOBAL TRACKING COMMUNICATIONS INC	716389	101.016.0000.7429.000	INTERNET. GPS FLEET MANAGER	\$1,438.05
<p style="text-align: right;">Check Total: \$1,438.05</p>							
523315	07/29/2020	4003	JAMES HUISH	122	101.016.0000.7406.000	PODIATRY SERVICES FOR COUNTY RESIDENTS	\$1,384.00
<p style="text-align: right;">Check Total: \$1,384.00</p>							
523319	07/29/2020	4003	JOSI Y. LOPEZ	V965079	101.012.0000.7411.000	Indigent Defense - Prall; Espinoza; Luna	\$1,450.00
<p style="text-align: right;">Check Total: \$1,450.00</p>							
523322	07/29/2020	4003	LOGICALIS, INC	IN189556	101.015.0000.7495.000	VPN CONNECTION MAINTENANCE	\$1,147.47
<p style="text-align: right;">Check Total: \$1,147.47</p>							
523324	07/29/2020	4003	MACK'S AUTO SUPPLY	045282	219.036.0000.6320.000	MOTOR VEHICLE PARTS.	\$363.13
523324	07/29/2020	4003	MACK'S AUTO SUPPLY	045285	220.030.0000.6320.000	GB 3314. AIR FILTERS, FUEL MOTOR VEHICLE PARTS.	\$14.10
523324	07/29/2020	4003	MACK'S AUTO SUPPLY	045369	101.020.0000.6320.000	MOTOR VEHICLE PARTS. STOCK-AIR BRAKE PUSH	\$249.34
523324	07/29/2020	4003	MACK'S AUTO SUPPLY	045641	101.020.0000.6390.000	MOTOR VEHICLE PARTS. GB 1974-BRAKE FLUID DOT SHOP SUPPLIES.	\$62.32
523324	07/29/2020	4003	MACK'S AUTO SUPPLY	045643	220.030.0000.6320.000	SHOP TOWELS, NON-CHLOR MOTOR VEHICLE PARTS.	\$396.31
523324	07/29/2020	4003	MACK'S AUTO SUPPLY	045885	220.030.0000.6320.000	GB 3300-SWITCH. GB MOTOR VEHICLE PARTS. 12-2.5 DEF.	\$135.50
<p style="text-align: right;">Check Total: \$1,220.70</p>							
523325	07/29/2020	4003	NEXTRAQ	AT01512697	101.016.0000.7429.000	INTERNET. NEXTRAQ ADVANTAGE	\$1,563.80
<p style="text-align: right;">Check Total: \$1,563.80</p>							
523326	07/29/2020	4003	OFFICE DEPOT INC	100108601001	101.008.0000.6100.000	Office supplies	\$205.49
523326	07/29/2020	4003	OFFICE DEPOT INC	100678906001	101.019.0000.6230.000	Health guard surface wipes, 75% alcohol. 30 pks at 80	\$253.12

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Check Number	Date	Voucher	Payee	Invoice	Account	Exclude Voids	Exclude Manual	Description	Amount
523326	07/29/2020	4003	OFFICE DEPOT INC	102417610001	220.030.0000.6100.000	<input type="checkbox"/>	<input type="checkbox"/>	OFFICE SUPPLIES SCISSORS, COPY PAPER, REPORT	\$63.51
523326	07/29/2020	4003	OFFICE DEPOT INC	102423286001	101.019.0000.7539.000	<input type="checkbox"/>	<input type="checkbox"/>	3 cases of styro 3 comp food containers/med. 200	\$99.34
523326	07/29/2020	4003	OFFICE DEPOT INC	102766564001	101.019.0000.6100.000	<input type="checkbox"/>	<input type="checkbox"/>	1 pk of 10 Centen Data Stick Pro USB 2.0, 4 GB,gray.	\$52.44
523326	07/29/2020	4003	OFFICE DEPOT INC	102771405001	101.019.0000.6100.000	<input type="checkbox"/>	<input type="checkbox"/>	1 pk 10 ltr/lgl storage file boxes, BSC. Invoice #	\$18.73
523326	07/29/2020	4003	OFFICE DEPOT INC	103424039001	101.019.0000.6100.000	<input type="checkbox"/>	<input type="checkbox"/>	REFILL TIMEMIST FRENCHKISS, CUCUMBER	\$76.83
523326	07/29/2020	4003	OFFICE DEPOT INC	103429821001	101.019.0000.6100.000	<input type="checkbox"/>	<input type="checkbox"/>	REFILL TIME MIST CLEAN AND FRESH FOR RESTROOM,	\$33.72
523326	07/29/2020	4003	OFFICE DEPOT INC	103469152001	101.019.0000.7539.000	<input type="checkbox"/>	<input type="checkbox"/>	1 Aluminum foil 18" X 1000'. 1 film food 12" X	\$77.30
523326	07/29/2020	4003	OFFICE DEPOT INC	103469158001	101.019.0000.6230.000	<input type="checkbox"/>	<input type="checkbox"/>	1 box of 15 ct. S.O.S. pads, 1 case of 12 ct. Clorox toilet	\$43.69
523326	07/29/2020	4003	OFFICE DEPOT INC	103896430001	101.019.0000.6230.000	<input type="checkbox"/>	<input type="checkbox"/>	Betco aerosol stainless steel cleaner and polish. 17 oz.	\$47.69
523326	07/29/2020	4003	OFFICE DEPOT INC	103896434001	101.019.0000.6230.000	<input type="checkbox"/>	<input type="checkbox"/>	3 canisters @ 30 SCRUBS towel wipes stainless steel	\$38.74
523326	07/29/2020	4003	OFFICE DEPOT INC	103989200001	101.019.0000.6230.000	<input type="checkbox"/>	<input type="checkbox"/>	1 case pof 12 Zep foaming glass cleaner cans. Invoice #	\$71.55
523326	07/29/2020	4003	OFFICE DEPOT INC	10399260001	101.019.0000.6230.000	<input type="checkbox"/>	<input type="checkbox"/>	10 pks of 80 wipes ea. AHealth guard disinfecting	\$84.37
523326	07/29/2020	4003	OFFICE DEPOT INC	104117612001	101.019.0000.6230.000	<input type="checkbox"/>	<input type="checkbox"/>	1 case of 12 Betco Rest Stop Restroom cleaner, 1 qt. ea.	\$34.39
523326	07/29/2020	4003	OFFICE DEPOT INC	104119047001	101.019.0000.6230.000	<input type="checkbox"/>	<input type="checkbox"/>	10 gals of Zep disinfectant floor cleaner, no rinse.	\$121.74
523326	07/29/2020	4003	OFFICE DEPOT INC	104811042001	101.008.0000.6100.000	<input type="checkbox"/>	<input type="checkbox"/>	Office supplies	\$38.10
523326	07/29/2020	4003	OFFICE DEPOT INC	104835504001	101.008.0000.6100.000	<input type="checkbox"/>	<input type="checkbox"/>	Office supplies	\$87.01

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Dollar Limit: \$999.99

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Print Employee Vendor Names

Exclude Voided Checks

Exclude Manual Checks

Include Non Check Batches

Check Number	Date	Voucher	Payee	Invoice	Account	Description	Amount
523326	07/29/2020	4003	OFFICE DEPOT INC	104840568001	101.008.0000.6100.000	Office supplies	\$8.57
523326	07/29/2020	4003	OFFICE DEPOT INC	104840569001	101.008.0000.6100.000	OFFICE SUPPLIES	\$18.45
523326	07/29/2020	4003	OFFICE DEPOT INC	105480539001	101.010.0000.6100.000	Hand sanitizer, 3 tier desk tray, and pens	\$74.49
523326	07/29/2020	4003	OFFICE DEPOT INC	14963195001	101.019.0000.6100.000	PLANNER, DMPOLY, MONTHLY, PLANNER 8X11,	\$63.18
							Check Total: \$1,612.45
523328	07/29/2020	4003	R AND R GLASS	31750	101.020.0000.7492.000	OUTSIDE VEHICLE REPAIR.	\$15.00
523328	07/29/2020	4003	R AND R GLASS	31759	220.030.0000.7492.000	GB 2014. 1 -CHIP REPAIR.	\$1,031.29
523329	07/29/2020	4003	RAMAL ALVAREZ	V515696	101.012.0000.7411.000	OUTSIDE VEHICLE REPAIR.	\$1,046.29
							Check Total: \$1,250.00
523334	07/29/2020	4003	SENERGY PETROLEUM	654874	101.002.0000.6250.000	Indigent Defense - Montoy Appeal	\$1,250.00
523334	07/29/2020	4003	SENERGY PETROLEUM	654874	101.003.0000.6250.000	FUEL, OIL, LUB. (NON-TRAVEL)	\$55.70
523334	07/29/2020	4003	SENERGY PETROLEUM	654874	101.005.0000.6250.000	FUEL, OIL, LUB. (NON-TRAVEL)	\$23.13
523334	07/29/2020	4003	SENERGY PETROLEUM	654874	101.005.0000.6250.000	FUEL, OIL, LUB. (NON-TRAVEL)	\$385.20
523334	07/29/2020	4003	SENERGY PETROLEUM	654874	101.005.0000.6250.000	FUEL, OIL, LUB. (NON-TRAVEL)	\$133.91
523334	07/29/2020	4003	SENERGY PETROLEUM	654874	101.008.0000.6250.000	FUEL, OIL, LUB. (NON-TRAVEL)	\$160.03
523334	07/29/2020	4003	SENERGY PETROLEUM	654874	101.019.0000.6250.000	FUEL, OIL, LUB. (NON-TRAVEL)	\$3,293.07
523334	07/29/2020	4003	SENERGY PETROLEUM	654874	101.020.0000.6250.000	FUEL, OIL, LUB. (NON-TRAVEL)	\$56.65

Greenlee County

Disbursement Detail Listing

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Print Employee Vendor Names

Exclude Voids Checks

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Check Number	Date	Voucher	Payee	Invoice	Account	Description	Amount
523334	07/29/2020	4003	SENERGY PETROLEUM	654874	219.036.0000.6250.000	FUEL, OIL, LUB. (NON-TRAVEL)	\$249.80
523334	07/29/2020	4003	SENERGY PETROLEUM	654874	220.030.0000.6250.000	FUEL, OIL, LUB. (NON-TRAVEL)	\$1,369.51
523334	07/29/2020	4003	SENERGY PETROLEUM	654874	220.030.0000.6250.000	FUEL, OIL, LUB. (NON-TRAVEL)	\$345.54
523334	07/29/2020	4003	SENERGY PETROLEUM	654874	222.049.0000.6250.000	FUEL, OIL, LUB. (NON-TRAVEL)	\$822.02
523334	07/29/2020	4003	SENERGY PETROLEUM	654874	222.051.0000.6250.000	FUEL, OIL, LUB. (NON-TRAVEL)	\$204.87
523334	07/29/2020	4003	SENERGY PETROLEUM	654874	222.071.0000.6250.000	FUEL, OIL, LUB. (NON-TRAVEL)	\$196.38
523334	07/29/2020	4003	SENERGY PETROLEUM	654875	101.002.0000.6250.000	FUEL, OIL, LUB. (NON-TRAVEL)	\$88.05
523334	07/29/2020	4003	SENERGY PETROLEUM	654875	101.003.0000.6250.000	FUEL, OIL, LUB. (NON-TRAVEL)	\$26.60
523334	07/29/2020	4003	SENERGY PETROLEUM	654875	101.005.0000.6250.000	FUEL, OIL, LUB. (NON-TRAVEL)	\$55.82
523334	07/29/2020	4003	SENERGY PETROLEUM	654875	101.008.0000.6250.000	FUEL, OIL, LUB. (NON-TRAVEL)	\$27.72
523334	07/29/2020	4003	SENERGY PETROLEUM	654875	101.009.0000.6250.000	FUEL, OIL, LUB. (NON-TRAVEL)	\$24.35
523334	07/29/2020	4003	SENERGY PETROLEUM	654875	101.019.0000.6250.000	FUEL, OIL, LUB. (NON-TRAVEL)	\$2,676.95
523334	07/29/2020	4003	SENERGY PETROLEUM	654875	101.020.0000.6250.000	FUEL, OIL, LUB. (NON-TRAVEL)	\$298.60
523334	07/29/2020	4003	SENERGY PETROLEUM	654875	101.075.0000.6250.000	FUEL, OIL, LUB. (NON-TRAVEL)	\$10.12
523334	07/29/2020	4003	SENERGY PETROLEUM	654875	101.083.0000.6250.000	FUEL, OIL, LUB. (NON-TRAVEL)	\$22.85

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Print Employee Vendor Names

Exclude Voided Checks

Exclude Manual Checks

Include Non Check Batches

Check Number	Date	Voucher	Payee	Invoice	Account	Description	Amount
523334	07/29/2020	4003	SENERGY PETROLEUM	654875	101.091.0000.6250.000	FUEL, OIL, LUB. (NON-TRAVEL)	\$12.74
523334	07/29/2020	4003	SENERGY PETROLEUM	654875	220.030.0000.6250.000	FUEL, OIL, LUB. (NON-TRAVEL)	\$1,099.64
523334	07/29/2020	4003	SENERGY PETROLEUM	654875	220.030.0000.6250.000	FUEL, OIL, LUB. (NON-TRAVEL)	\$62.20
523334	07/29/2020	4003	SENERGY PETROLEUM	654875	222.049.0000.6250.000	FUEL, OIL, LUB. (NON-TRAVEL)	\$921.02
523334	07/29/2020	4003	SENERGY PETROLEUM	654875	222.071.0000.6250.000	FUEL, OIL, LUB. (NON-TRAVEL)	\$155.86
523334	07/29/2020	4003	SENERGY PETROLEUM	654875	223.068.0000.6250.000	FUEL, OIL, LUB. (NON-TRAVEL)	\$86.55
523334	07/29/2020	4003	SENERGY PETROLEUM	654875	601.698.0000.6250.000	FUEL, OIL, LUB. (NON-TRAVEL)	\$198.20
523340	07/29/2020	4003	TOM LOVETT	V62511	101.016.0064.7419.000	GILA RIVER NOXIOUS WEED CONTROL PROGRAM	\$13,063.08
523345	07/29/2020	4003	VALLEY TELECOM GROUP	07/15/2020	601.698.0000.7421.000	PHONE SERVICES ACCT 15314006	\$53.94
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314006-072820	101.016.0000.7421.000	PHONE SERVICES ACCT 15314006	\$185.68
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314025-072820	101.016.0000.7421.000	PHONE SERVICES ACCT 15314025	\$62.88
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314051-072820	222.032.0000.7421.000	PHONE SERVICES ACCT 15314051	\$147.27
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314053-072820	101.015.0000.7421.000	PHONE SERVICES ACCT 15314053	\$60.45
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314066-072820	101.016.0000.7421.000	PHONE SERVICES ACCT 15314066	\$60.15

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Check Number	Date	Voucher	Payee	Invoice	Account	Description	Amount
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314072-072820	101.016.0000.7421.000	PHONE SERVICES ACCT 15314-072	\$1,035.74
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314072-072820	220.032.0000.7421.000	PHONE SERVICES ACCT 15314-072	\$42.16
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314072-072820	222.051.0000.7421.000	PHONE SERVICES ACCT 15314-072	\$10.43
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314072-072820	222.054.0000.7421.000	PHONE SERVICES ACCT 15314-072	\$10.96
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314072-072820	222.055.0000.7421.000	PHONE SERVICES ACCT 15314-072	\$10.25
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314072-072820	222.056.0000.7421.000	PHONE SERVICES ACCT 15314-072	\$10.96
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314072-072820	222.057.0572.7421.000	PHONE SERVICES ACCT 15314-072	\$10.96
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314072-072820	222.061.0000.7421.000	PHONE SERVICES ACCT 15314-072	\$8.09
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314072-072820	222.069.0000.7421.000	PHONE SERVICES ACCT 15314-072	\$24.09
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314072-072820	222.071.0000.7421.000	PHONE SERVICES ACCT 15314-072	\$22.02
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314072-072820	222.077.0000.7421.000	PHONE SERVICES ACCT 15314-072	\$20.25
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314072-072820	222.078.0000.7421.000	PHONE SERVICES ACCT 15314-072	\$15.35
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314072-072820	222.080.0000.7421.000	PHONE SERVICES ACCT 15314-072	\$20.20
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314072-072820	223.068.0000.7421.000	PHONE SERVICES ACCT 15314-072	\$7.23
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314072-072820	243.086.0000.7421.000	PHONE SERVICES ACCT 15314-072	\$4.87

Greenlee County

Disbursement Detail Listing

Bank Name: For Treasurer Posting

Date Range: 07/01/2020 - 07/30/2021

Sort By: Check

Bank Account: TREASURER

Voucher Range: -

Dollar Limit: \$999.99

Fiscal Year: 2020-2021

Print Employee Vendor Names

Exclude Voided Checks

Exclude Manual Checks

Include Non Check Batches

Check Number	Date	Voucher	Payee	Invoice	Account	Description	Amount
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314072-072820	601.698.0000.7421.000	PHONE SERVICES ACCT 15314-072	\$161.42
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314073-072820	101.016.0000.7421.000	PHONE SERVICES ACCT 15314073	\$523.64
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314073-072820	220.032.0000.7421.000	PHONE SERVICES ACCT 15314073	\$55.06
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314073-072820	222.051.0000.7421.000	PHONE SERVICES ACCT 15314073	\$8.13
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314073-072820	222.054.0000.7421.000	PHONE SERVICES ACCT 15314073	\$8.13
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314073-072820	222.055.0000.7421.000	PHONE SERVICES ACCT 15314073	\$9.29
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314073-072820	222.056.0000.7421.000	PHONE SERVICES ACCT 15314073	\$8.13
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314073-072820	222.057.0572.7421.000	PHONE SERVICES ACCT 15314073	\$8.13
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314073-072820	222.061.0000.7421.000	PHONE SERVICES ACCT 15314073	\$6.97
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314073-072820	222.069.0000.7421.000	PHONE SERVICES ACCT 15314073	\$12.77
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314073-072820	222.071.0000.7421.000	PHONE SERVICES ACCT 15314073	\$51.30
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314073-072820	222.077.0000.7421.000	PHONE SERVICES ACCT 15314073	\$9.29
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314073-072820	222.078.0000.7421.000	PHONE SERVICES ACCT 15314073	\$9.29
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314073-072820	222.080.0000.7421.000	PHONE SERVICES ACCT 15314073	\$23.22
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314073-072820	223.068.0000.7421.000	PHONE SERVICES ACCT 15314073	\$66.77

Greenlee County

Disbursement Detail Listing

Bank Name: For Treasurer Posting

Date Range: 07/01/2020 - 07/30/2021

Sort By:

Bank Account: TREASURER

Voucher Range: -

Dollar Limit: \$999.99

Fiscal Year: 2020-2021

Print Employee Vendor Names

Exclude Voids Checks

Exclude Manual Checks

Include Non Check Batches

Check Number	Date	Voucher	Payee	Invoice	Account	Description	Amount
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314073-072820	243.086.0000.7421.000	PHONE SERVICES ACCT 15314073	\$52.22
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314073-072820	601.698.0000.7421.000	PHONE SERVICES ACCT 15314073	\$52.38
523345	07/29/2020	4003	VALLEY TELECOM GROUP	15314074-072820	101.016.0000.7421.000	PHONE SERVICES ACCT 15314074	\$632.34
523345	07/29/2020	4003	VALLEY TELECOM GROUP	77776511-072820	101.006.0000.8520.000	SPECIAL CIRCUIT	\$632.50
523345	07/29/2020	4003	VALLEY TELECOM GROUP	V24495	101.005.0000.7421.000	TELEPHONE CHARGES. IT FIRE ALARM LINES.	\$105.81
523345	07/29/2020	4003	VALLEY TELECOM GROUP	V24495	101.005.0033.7421.000	TELEPHONE CHARGES. IT FIRE ALARM LINES.	\$105.81
523345	07/29/2020	4003	VALLEY TELECOM GROUP	V378521	101.020.0000.7421.000	TELEPHONE CHARGES. PHONE CHARGES FOR	\$129.85
523345	07/29/2020	4003	VALLEY TELECOM GROUP	V378521	219.036.0000.7421.000	TELEPHONE CHARGES. PHONE CHARGES FOR	\$107.71
523345	07/29/2020	4003	VALLEY TELECOM GROUP	V378521	220.030.0000.7421.000	TELEPHONE CHARGES. PHONE CHARGES FOR	\$299.28
523345	07/29/2020	4003	VALLEY TELECOM GROUP	V378521	243.086.0000.7421.000	TELEPHONE CHARGES. PHONE CHARGES FOR	\$115.81
Check Total:							\$5,019.18
523347	07/29/2020	4003	WALMART COMMUNITY	V221410	101.019.0000.6100.000	4 June 2020 charges and 4 July 2020 charges.	\$35.77
523347	07/29/2020	4003	WALMART COMMUNITY	V221410	101.019.0000.6215.000	4 June 2020 charges and 4 July 2020 charges.	\$1,635.73
523347	07/29/2020	4003	WALMART COMMUNITY	V221410	101.019.0000.6230.000	4 June 2020 charges and 4 July 2020 charges.	\$12.90
523347	07/29/2020	4003	WALMART COMMUNITY	V221410	101.019.0000.7507.000	4 June 2020 charges and 4 July 2020 charges.	\$114.83
523347	07/29/2020	4003	WALMART COMMUNITY	V221410	101.019.0000.7512.000	4 June 2020 charges and 4 July 2020 charges.	\$1,110.95

Greenlee County

Disbursement Detail Listing

Bank Name: For Treasurer Posting
 Bank Account: TREASURER

Date Range: 07/01/2020 - 07/30/2021
 Voucher Range: -

Sort By: Check
 Dollar Limit: \$999.99

Fiscal Year: 2020-2021

Check Number	Date	Voucher	Payee	Invoice	Account	Description	Amount
523347	07/29/2020	4003	WALMART COMMUNITY	V221410	101.019.0000.7539.000	4 June 2020 charges and 4 July 2020 charges.	\$64.63
523347	07/29/2020	4003	WALMART COMMUNITY	V675823	101.016.0000.6100.000	Ink - COVID-19	\$89.63
523348	07/29/2020	4003	WESTERN REFINING WHOLESALERS LLC	720122350	219.036.0000.6250.000	FUEL @ LOMA LINDA LANDFILL.	\$1,072.16
Check Total:							\$1,072.16
Bank Total:							\$572,750.82

Fund	Amount
101	\$360,877.78
219	\$16,974.49
220	\$104,603.13
222	\$52,967.54
223	\$160.55
243	\$172.90
601	\$465.94
800	\$36,528.49
Fund Totals:	\$572,750.82

End of Report

Disbursements Grand Total: \$572,750.82

Greenlee County

**Fiscal Year: 2020-2021
Transaction Journal**

Criteria: Full
View: ???,???,????,????,????
Account Filter: ???,???,????,????,????
Collapse Mask: ???,???,????,????,????
From Entry Number: 07/01/2020 To 08/11/2020
Reference: Loan
Journal:

Date	Account	Entry Number	Voucher Number	Line Memo	Reference	Check Number	Vendor	Debits	Credits
07/31/2020	101.000.0000	1200.000		DUE FROM OTHER FUNDS			rontiveros	\$13,655.54	\$0.00
		46	0	Loan					
07/31/2020	101.000.0000	0100.000		CASH ACCOUNT			rontiveros	\$0.00	(\$13,655.54)
		46	0	Loan					
07/31/2020	159.000.0000	0100.000		CASH ACCOUNT			rontiveros	\$59.48	\$0.00
		46	0	Loan					
07/31/2020	159.000.0000	2200.000		DUE TO OTHER FUNDS			rontiveros	\$0.00	(\$59.48)
		46	0	Loan					
07/31/2020	167.000.0000	0100.000		CASH ACCOUNT			rontiveros	\$1,434.11	\$0.00
		46	0	Loan					
07/31/2020	167.000.0000	2200.000		DUE TO OTHER FUNDS			rontiveros	\$0.00	(\$1,434.11)
		46	0	Loan					
07/31/2020	169.000.0000	0100.000		CASH ACCOUNT			rontiveros	\$290.85	\$0.00
		46	0	Loan					
07/31/2020	169.000.0000	2200.000		DUE TO OTHER FUNDS			rontiveros	\$0.00	(\$290.85)
		46	0	Loan					
07/31/2020	186.000.0000	0100.000		CASH ACCOUNT			rontiveros	\$366.82	\$0.00
		46	0	Loan					
07/31/2020	186.000.0000	2200.000		DUE TO OTHER FUNDS			rontiveros	\$0.00	(\$366.82)
		46	0	Loan					
07/31/2020	195.000.0000	0100.000		CASH ACCOUNT			rontiveros	\$2,840.19	\$0.00
		46	0	Loan					

Greenlee County

**Fiscal Year: 2020-2021
Transaction Journal**

Criteria: Full
View: ???,???,????,????,????
Account Filter: ???,???,????,????,????
Collapse Mask: ???,???,????,????,????
From Entry Number: To
From Entry Date: 07/01/2020 To 08/11/2020
Reference: Loan
Journal:

Date	Account	Entry Number	Voucher Number	Line Memo	Reference	Check Number	Vendor	Debits	Credits
07/31/2020	195,000.0000	2200,000		DUE TO OTHER FUNDS			rontiveros	\$0.00	(\$2,840.19)
	46		0	Loan					
07/31/2020	243,000.0000	0100,000		CASH ACCOUNT			rontiveros	\$8,664.09	\$0.00
	46		0	Loan					
07/31/2020	243,000.0000	2200,000		DUE TO OTHER FUNDS			rontiveros	\$0.00	(\$8,664.09)
	46		0	Loan					
07/31/2020	611,000.0000	1200,000		DUE FROM OTHER FUNDS			rontiveros	\$13,478.18	\$0.00
	46		0	Loan					
07/31/2020	611,000.0000	0100,000		CASH ACCOUNT			rontiveros	\$0.00	(\$13,478.18)
	46		0	Loan					
07/31/2020	614,000.0000	0100,000		CASH ACCOUNT			rontiveros	\$12,933.12	\$0.00
	46		0	Loan					
07/31/2020	614,000.0000	2200,000		DUE TO OTHER FUNDS			rontiveros	\$0.00	(\$12,933.12)
	46		0	Loan					
07/31/2020	619,000.0000	0100,000		CASH ACCOUNT			rontiveros	\$545.06	\$0.00
	46		0	Loan					
07/31/2020	619,000.0000	2200,000		DUE TO OTHER FUNDS			rontiveros	\$0.00	(\$545.06)
	46		0	Loan					
07/31/2020	610,000.0000	1200,000		DUE FROM OTHER FUNDS			rontiveros	\$4,020.58	\$0.00
	46		0	Loan					
07/31/2020	610,000.0000	0100,000		CASH ACCOUNT			rontiveros	\$0.00	(\$4,020.58)
	46		0	Loan					

Greenlee County

**Fiscal Year: 2020-2021
Transaction Journal**

Criteria: Full
View: ???, ???, ???, ???, ???
Account Filter: ???, ???, ???, ???, ???
Collapse Mask: ???, ???, ???, ???, ???

From Entry Number: To
From Entry Date: 07/01/2020 To 08/11/2020
Reference: Loan
Journal:

Date	Account	Entry Number	Voucher Number	Line Memo	Reference	Check Number	Vendor	Debits	Credits
07/31/2020	616,000.0000	0100.000		CASH ACCOUNT		0	rontiveros	\$297.24	\$0.00
23	46	0		Loan					
07/31/2020	616,000.0000	2200.000		DUE TO OTHER FUNDS		0	rontiveros	\$0.00	(\$297.24)
24	46	0		Loan					
07/31/2020	617,000.0000	0100.000		CASH ACCOUNT		0	rontiveros	\$3,538.87	\$0.00
25	46	0		Loan					
07/31/2020	617,000.0000	2200.000		DUE TO OTHER FUNDS		0	rontiveros	\$0.00	(\$3,538.87)
26	46	0		Loan					
07/31/2020	618,000.0000	0100.000		CASH ACCOUNT		0	rontiveros	\$184.47	\$0.00
27	46	0		Loan					
07/31/2020	618,000.0000	2200.000		DUE TO OTHER FUNDS		0	rontiveros	\$0.00	(\$184.47)
28	46	0		Loan					
Balance:								\$0.00	
End of Report									
Totals:								\$62,308.60	(\$62,308.60)

GREENLEE COUNTY BOARD OF SUPERVISORS
AGENDA INFORMATION FORM



MEETING DATE: August 2020
DEPARTMENT: Superior Court Judge

REQUESTED BY: Monica L. Stauffer
TELEPHONE #: 928.865.3872

1. Insert brief description of proposal and requested Board action:

Approve the Contract for Provision of Indigent Representation 2020-2021 for attorneys, Ramai Alvarez; Carolyn Clark; Daisy Flores; Rebecca Johnson; Josi Lopez; Dennis McCarthy.

2. Continued from meeting of: _____
Discussed in meeting of: _____

3. Publication requirements:

Does this require publication in the official county newspaper? Yes No
This department to cause publication Clerk of the Board to cause publication

4. Financial Impact:

Expenditure: Is this a budgeted expense? Yes No Project Code #: _____
Fund 101-012 \$ _____ Actual Not to exceed
Fund _____ \$ _____ Actual Not to exceed

If not budgeted, how will this expense be funded? _____

Grants/Contracts:

Federal State Other _____
CFDA # (Federal grants only) _____ State # _____
Fund _____ \$ _____
Matching funds required? Yes No Fund _____ \$ _____

5. Legal Review: Does this item require County Attorney review and approval as to form and within powers granted under the laws of the State of Arizona to the Greenlee County Board of Supervisors?

Yes No

Date of County Attorney approval: July 29, 2020

6. Board of Supervisors action taken:

Approved Amended Disapproved Tabled

Original backup documentation must accompany this form!

**CONTRACT FOR PROVISION
OF INDIGENT REPRESENTATION
2020-2021**

Greenlee County, Arizona

This Contract is made between the County of Greenlee, State of Arizona, hereinafter referred to as "COUNTY", and RAMAI LINN ALVAREZ, an attorney at law licensed to practice in the State of Arizona, hereinafter referred to as "ATTORNEY".

The COUNTY desires to provide counsel for the representation of indigent defendants in criminal and other cases by employing qualified, licensed attorneys who are willing and able to act for indigents in all criminal cases and other cases as stated herein and expects that those who are so employed will provide such services to the utmost of their learning, ability and experience. The representation will be in all original criminal felony proceedings in Greenlee County Justice Courts and Greenlee County Superior Court together with representation on matters concerning misdemeanors, probation revocations, and proceedings in the juvenile court and other applicable matters as appointed by or under the direction of the Presiding Judge of the Greenlee County Superior Court. Cases involving extraordinary circumstances are not included in this Contract.

The Greenlee County Judiciary is dedicated to providing persons with limited English proficiency, reasonable language assistance and services that are in compliance with Title VI of the Civil Rights Act of 1964.

To that end, Greenlee County Government services arising out of the judicial branch and those who contract through/with the Greenlee County Judiciary for the provision of services, shall also be required to provide reasonable language assistance to persons utilizing their county contracted services. This requirement may be accomplished through the use of court interpreters when available and as agreed upon between the parties and the judiciary.

1. ATTORNEY agrees to accept appointments made by the court during the term of this Contract including Rule 32 - Petitions for Post Conviction Relief; and Appeals. In all cases, ATTORNEY will represent the indigent throughout the trial court proceedings. It is understood by ATTORNEY that the duty of representation shall continue until the case is terminated by dismissal, acquittal or sentencing and that some cases will not terminate until after the expiration date of the Contract. For purposes of this Contract, the term "sentence" includes suspension of sentence and imposition of terms of probation.

2. ATTORNEY shall provide effective representation of the indigent assigned under this Contract. ATTORNEY shall provide personal consultation with each indigent. ATTORNEY shall maintain personal contact with each indigent until the case is terminated and shall use reasonable diligence in notifying each indigent of necessary court appearances as well as any court action resulting from indigent nonappearance. ATTORNEY shall be responsible for interviewing each defendant and witnesses in the cases assigned.

3. If ATTORNEY requests a redetermination of the indigency of any appointment and

ATTORNEY is allowed to withdraw by the court, ATTORNEY agrees not to thereafter represent that person in that case for a fee without prior approval of the Presiding Judge. ATTORNEY acknowledges and accepts the responsibility to bring such instances of non-indigency promptly to the attention of the court. ATTORNEY shall not accept compensation for a case assigned under this Contract outside of that contemplated by this Contract without full disclosure of the terms of this Contract to the client, notification to the court of the arrangements made for compensation and approval of the Presiding Judge. ATTORNEY shall not solicit such compensation.

4. The COUNTY may terminate this Contract without cause with thirty (30) days written notice by the County Manager after consultation with the Presiding Judge. ATTORNEY may terminate this Contract with thirty (30) days written notice to the Presiding Judge and the County Manager, but shall complete the representation of indigents previously assigned unless ATTORNEY is relieved in writing from doing so by the Presiding Judge.

5. In order to assist in the determination of reimbursement for attorney's fees in an appropriate case, ATTORNEY agrees to keep case logs, final disposition records and time sheets.

6. The term of this Contract shall begin July 1, 2020 and continue through June 30, 2021, unless terminated earlier by the court of the COUNTY for cause or pursuant to paragraph 4 above. This Contract may be extended for a like period subject to the same terms and conditions should it be mutually agreeable by all parties involved.

7. ATTORNEY agrees to provide at no expense to the COUNTY substitute representation in court when ill, on vacation or when ATTORNEY is unable to appear at any court proceeding for any reason. All proposed responsible substitute attorneys are subject to the approval by the Presiding Judge at all times during the term of this Contract. Substituting attorneys must meet the minimal requirements necessary for the attorney accepting this Contract. The names of such substituting attorneys shall be on file with the Presiding Judge during the term of this Contract.

8. The COUNTY shall pay ATTORNEY the rate of \$1,050.00 for Rule 32s; \$1,250.00 for Appeals. Payment shall be made upon receipt of the appropriate demand form on the day of the first Board of Supervisors Meeting of each month during the term of the Contract. ATTORNEY may not submit billing for any assigned case until such case is finalized. If the attorney withdraws or another attorney is substituted to finalize a matter, the attorney may not submit a demand for payment unless otherwise authorized by the presiding judge and Board of Supervisor. ATTORNEY must, before incurring any expenditure, apply to the Presiding Judge for approval of any extraordinary costs and expenses. Application for appointment of expert witnesses or investigators or both must be made through and approved by either the Presiding Judge or the assigned trial judge. Payment of such witnesses or investigators shall be made independent of this Contract. The court shall provide a qualified interpreter for non-English speaking indigents for all in-court proceedings and out-of-court interviews. ATTORNEY shall arrange through the court for the presence of the interpreter when needed.

9. Notwithstanding any provision herein which may be construed to the contrary,

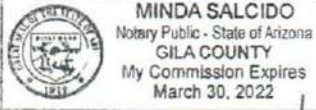
ATTORNEY at all times relevant to this Contract shall have the status of independent contractor and not employee. Contractor shall be entitled to no employee benefits including, but not limited to, workers' compensation, sick leave, annual or vacation leave, health and welfare benefits, or state retirement participation.

10. Contracting attorneys under this and similar contracts shall not be associated together as partners or otherwise to the extent that they would be disqualified from representing co-defendants for whom separate counsel must be appointed to avoid conflicts of interest.

IN WITNESS HEREOF, the parties have caused this Contract to be executed this 21 day of July, 2020.

Ramain L. Alvarez
RAMAI LINN ALVAREZ
9325 West Purdue Avenue
Peoria, AZ 85345

SUBSCRIBED AND SWORN to before me, a Notary Public, this 21 day of July, 2020.



My commission expires:
03/30/2022

Minda Salcido
Notary Public

Dated this _____ day of _____, 2020.

Greenlee County
Board of Supervisors

Dated this 29th day of July, 2020.

APPROVED AS TO FORM:

Jeremy Ford
Jeremy Ford, County Attorney
Greenlee County

Dated this 22nd day of July, 2020.

APPROVED:

Monica L. Stauffer
Monica L. Stauffer
Presiding Judge, Greenlee County Superior Court

**CONTRACT FOR PROVISION
OF INDIGENT REPRESENTATION
2020-2021**

Greenlee County, Arizona

This Contract is made between the County of Greenlee, State of Arizona, hereinafter referred to as "COUNTY", and CAROLYN CLARK, an attorney at law licensed to practice in the State of Arizona, hereinafter referred to as "ATTORNEY".

The COUNTY desires to provide counsel for the representation of indigent defendants in criminal and other cases by employing qualified, licensed attorneys who are willing and able to act for indigents in all criminal cases and other cases as stated herein and expects that those who are so employed will provide such services to the utmost of their learning, ability and experience. The representation will be in all original criminal felony proceedings in Greenlee County Justice Courts and Greenlee County Superior Court together with representation on matters concerning misdemeanors, probation revocations, and proceedings in the juvenile court and other applicable matters as appointed by or under the direction of the Presiding Judge of the Greenlee County Superior Court. Cases involving extraordinary circumstances are not included in this Contract.

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To that end, Greenlee County Government services arising out of the judicial branch and those who contract through/with the Greenlee County Judiciary for the provision of services, shall also be required to provide reasonable language assistance to persons utilizing their county contracted services. This requirement may be accomplished through the use of court interpreters when available and as agreed upon between the parties and the judiciary.

1. ATTORNEY agrees to accept appointments made by the court during the term of this Contract including Felonies, Misdemeanors, Juveniles, Petitions to Revoke, Rule 32 - Petitions for Post Conviction Relief, Appeals, Guardianship/Conservatorships, Dependencies, Severances; Mental Health and Guardian Ad Litem or representation of a child during custody case. In all cases, ATTORNEY will represent the indigent throughout the trial court proceedings. It is understood by ATTORNEY that the duty of representation shall continue until the case is terminated by dismissal, acquittal or sentencing and that some cases will not terminate until after the expiration date of the Contract. For purposes of this Contract, the term "sentence" includes suspension of sentence and imposition of terms of probation.

2. ATTORNEY shall provide effective representation of the indigent assigned under this Contract. ATTORNEY shall provide personal consultation with each indigent. ATTORNEY shall maintain personal contact with each indigent until the case is terminated and shall use reasonable diligence in notifying each indigent of necessary court appearances as well as any court action resulting from indigent nonappearance. ATTORNEY shall be responsible for interviewing each defendant and witnesses in the cases assigned.

3. If ATTORNEY requests a redetermination of the indigency of any appointment and ATTORNEY is allowed to withdraw by the court, ATTORNEY agrees not to thereafter represent that person in that case for a fee without prior approval of the Presiding Judge. ATTORNEY acknowledges and accepts the responsibility to bring such instances of non-indigency promptly to the attention of the court. ATTORNEY shall not accept compensation for a case assigned under this Contract outside of that contemplated by this Contract without full disclosure of the terms of this Contract to the client, notification to the court of the arrangements made for compensation and approval of the Presiding Judge. ATTORNEY shall not solicit such compensation.

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6. The term of this Contract shall begin July 1, 2020 and continue through June 30, 2021, unless terminated earlier by the court of the COUNTY for cause or pursuant to paragraph 4 above. This Contract may be extended for a like period subject to the same terms and conditions should it be mutually agreeable by all parties involved.

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9. Notwithstanding any provision herein which may be construed to the contrary, ATTORNEY at all times relevant to this Contract shall have the status of independent contractor and not employee. Contractor shall be entitled to no employee benefits including, but not limited to, workers' compensation, sick leave, annual or vacation leave, health and welfare benefits, or state retirement participation.

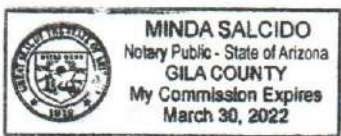
10. Contracting attorneys under this and similar contracts shall not be associated together as partners or otherwise to the extent that they would be disqualified from representing co-defendants for whom separate counsel must be appointed to avoid conflicts of interest.

IN WITNESS HEREOF, the parties have caused this Contract to be executed this 8th day of July, 2020.

[Signature]
Carolyn Clark
1566 East South Street, Globe, AZ 85501

SUBSCRIBED AND SWORN to before me, a Notary Public, this 8th day of July, 2020.

My commission expires: 03/30/2022



[Signature]
Notary Public

Dated this _____ day of _____, 2020.

Greenlee County Board of Supervisors

Dated this 29th day of July, 2020.

APPROVED AS TO FORM:

[Signature]
Jeremy Ford, County Attorney
Greenlee County

Dated this 8th day of July, 2020.

APPROVED:

[Signature]
Monica L. Stauffer
Presiding Judge, Greenlee County Superior Court

**CONTRACT FOR PROVISION
OF INDIGENT REPRESENTATION
2020-2021**

Greenlee County, Arizona

This Contract is made between the County of Greenlee, State of Arizona, hereinafter referred to as "COUNTY", and DAISY FLORES, an attorney at law licensed to practice in the State of Arizona, hereinafter referred to as "ATTORNEY".

The COUNTY desires to provide counsel for the representation of indigent defendants in criminal and other cases by employing qualified, licensed attorneys who are willing and able to act for indigents in all criminal cases and other cases as stated herein and expects that those who are so employed will provide such services to the utmost of their learning, ability and experience. The representation will be in all original criminal felony proceedings in Greenlee County Justice Courts and Greenlee County Superior Court together with representation on matters concerning misdemeanors, probation revocations, and proceedings in the juvenile court and other applicable matters as appointed by or under the direction of the Presiding Judge of the Greenlee County Superior Court. Cases involving extraordinary circumstances are not included in this Contract.

The Greenlee County Judiciary is dedicated to providing persons with limited English proficiency, reasonable language assistance and services that are in compliance with Title VI of the Civil Rights Act of 1964.

To that end, Greenlee County Government services arising out of the judicial branch and those who contract through/with the Greenlee County Judiciary for the provision of services, shall also be required to provide reasonable language assistance to persons utilizing their county contracted services. This requirement may be accomplished through the use of court interpreters when available and as agreed upon between the parties and the judiciary.

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4. The COUNTY may terminate this Contract without cause with thirty (30) days written notice by the County Manager after consultation with the Presiding Judge. ATTORNEY may terminate this Contract with thirty (30) days written notice to the Presiding Judge and the County Manager, but shall complete the representation of indigents previously assigned unless ATTORNEY is relieved in writing from doing so by the Presiding Judge.

5. In order to assist in the determination of reimbursement for attorney's fees in an appropriate case, ATTORNEY agrees to keep case logs, final disposition records and time sheets.

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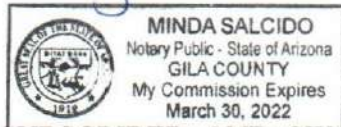
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IN WITNESS WHEREOF, the parties have caused this Contract to be executed this 9th day of July, 2020.



Daisy Flores
Daisy Flores
1566 East South Street, Globe, AZ 85501

SUBSCRIBED AND SWORN to before me, a Notary Public, this 9th day of July, 2020.

My commission expires:
03/30/2022

Minda Salcido
Notary Public

Dated this _____ day of _____, 2020.

Greenlee County Board of Supervisors

Dated this 29th day of July, 2020.

APPROVED AS TO FORM:

Jeremy Ford
Jeremy Ford, County Attorney
Greenlee County

Dated this 9th day of July, 2020.

APPROVED:

Monica L. Stauffer
Monica L. Stauffer
Presiding Judge, Greenlee County Superior Court

**CONTRACT FOR PROVISION
OF INDIGENT REPRESENTATION
2020-2021**

Greenlee County, Arizona

This Contract is made between the County of Greenlee, State of Arizona, hereinafter referred to as "COUNTY", and REBECCA JOHNSON, an attorney at law licensed to practice in the State of Arizona, hereinafter referred to as "ATTORNEY".

The COUNTY desires to provide counsel for the representation of indigent defendants in criminal and other cases by employing qualified, licensed attorneys who are willing and able to act for indigents in all criminal cases and other cases as stated herein and expects that those who are so employed will provide such services to the utmost of their learning, ability and experience. The representation will be in all original criminal felony proceedings in Greenlee County Justice Courts and Greenlee County Superior Court together with representation on matters concerning misdemeanors, probation revocations, and proceedings in the juvenile court and other applicable matters as appointed by or under the direction of the Presiding Judge of the Greenlee County Superior Court. Cases involving extraordinary circumstances are not included in this Contract.

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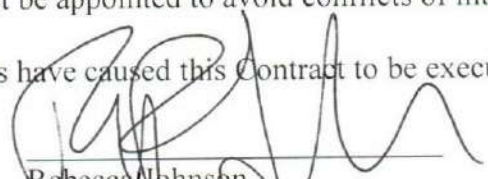
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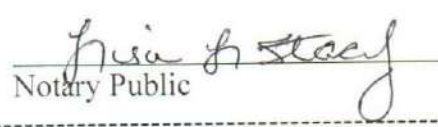
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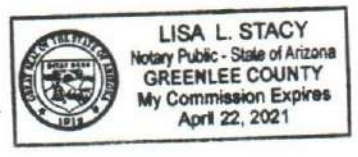
IN WITNESS HEREOF, the parties have caused this Contract to be executed this 21st day of July, 2020.


Rebecca Johnson
P. O. Box 469, Safford, AZ 85546

SUBSCRIBED AND SWORN to before me, a Notary Public, this 21 day of July, 2020.

My commission expires:
4/22/2021


Notary Public

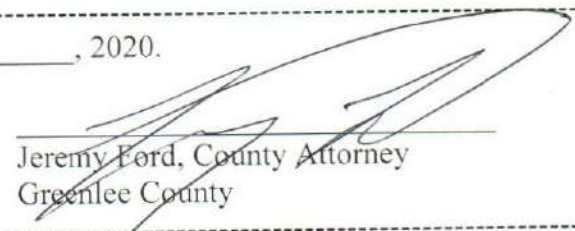


Dated this _____ day of _____, 2020.

Greenlee County Board of Supervisors

Dated this 29th day of July, 2020.

APPROVED AS TO FORM:


Jeremy Ford, County Attorney
Greenlee County

Dated this 21st day of July, 2020.

APPROVED:


Monica L. Stauffer
Presiding Judge, Greenlee County Superior Court

**CONTRACT FOR PROVISION
OF INDIGENT REPRESENTATION
2020-2021**

Greenlee County, Arizona

This Contract is made between the County of Greenlee, State of Arizona, hereinafter referred to as "COUNTY", and JOSI Y. LOPEZ, an attorney at law licensed to practice in the State of Arizona, hereinafter referred to as "ATTORNEY".

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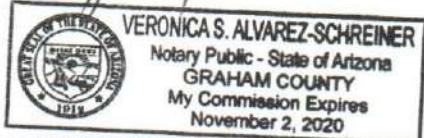
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IN WITNESS HEREOF, the parties have caused this Contract to be executed this 8th day of July, 2020.



Josi Y Lopez
JOSI Y. LOPEZ
409 West 7th Street, Safford, AZ 85546

SUBSCRIBED AND SWORN to before me, a Notary Public, this 8th day of July, 2020.

My commission expires:
Nov. 2, 2020

Veronica S. Alvarez-Sch
Notary Public

Dated this _____ day of _____, 2020.

Greenlee County Board of Supervisors

Dated this 29th day of July, 2020.

APPROVED AS TO FORM:

[Signature]
Jeremy Ford, County Attorney
Greenlee County

Dated this 8th day of July, 2020.

APPROVED:

[Signature]
Monica L. Stauffer
Presiding Judge, Greenlee County Superior Court

**CONTRACT FOR PROVISION
OF INDIGENT REPRESENTATION
2020-2021**

Greenlee County, Arizona

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GREENLEE COUNTY EMPLOYEE TRANSACTION FORM

This form must be completed, including signatures, before any action regarding an employee's status can take effect.

SECTION 1: Employee Information

Gasparich	Gary	
Last Name	First Name	Middle Initial
Mailing Address	City	State Zip

SECTION 2: Transaction Information

EFFECTIVE DATE: August 17, 2020

HIRES:	CHANGES:	SEPARATION:
New Hire – Full Time <input type="checkbox"/>	Promotion <input type="checkbox"/>	Resignation <input type="checkbox"/>
New Hire – Part Time <input type="checkbox"/>	Demotion <input type="checkbox"/>	Retirement <input type="checkbox"/>
Temporary (explain) <input type="checkbox"/>	Raise <input type="checkbox"/>	Terminated <input type="checkbox"/>
	Other (explain below) <input checked="" type="checkbox"/>	End of Contract <input type="checkbox"/>
		Other (explain below) <input type="checkbox"/>

COMMENTS: Move from Roads department to Facilities/Parks department

Employee's Current Status	Proposed: New Hire, Change
Tech II <small>Position Title</small>	Tech II <small>Position Title</small>
Roads <small>Department</small>	Facilities/Parks <small>Department</small>
Non-Exempt <input checked="" type="checkbox"/>	Non-Exempt <input checked="" type="checkbox"/>
Hourly Rate <u>\$ 18.29</u>	Hourly Rate <u>\$ 18.29</u>
Exempt <input type="checkbox"/>	Exempt <input type="checkbox"/>
Annual Rate <u>\$</u>	Annual Rate <u>\$</u>

SECTION 3: POSITION FUNDING INFORMATION

FUND	PROGRAM CODE	OBJECT CODE	PAY LEVEL	%	AMOUNT
101	005	5252	16c	50	\$9.15
101	081	5252	16c	50	\$9.15

SECTION 4: SIGNATURES (REQUIRED)

Employee Signature	Elected/Appointed Official
8-6-20	8-6-20
Date	Date
Chairman of the Board of Supervisors	Date

For Office Use Only: (Payroll)

Date Entered: _____ By: _____