

## **DECLARATION OF SHEILA SJOLANDER**

I, Sheila Sjolander, MSW, declare as follows:

1. I am a resident of the State of Arizona. I am over the age of 18 and have personal knowledge of all the facts stated herein, except to those matters stated upon information and belief; as to those matters, I believe them to be true. If called as a witness, I could and would testify competently to the matters set forth below.

2. I am currently employed by the Arizona Department of Health Services (“ADHS”) as Deputy Director of Public Health Services.

3. As Deputy Director, I oversee decision-making on ADHS’s program and policy development, implementation and evaluation of public health programs, and allocation and expenditure of federal and state contracts, grants, and budgets. I am familiar with the federal funding the ADHS receives and the ways in which those federal dollars impact the programs and services that ADHS provides to Arizonans.

4. ADHS recently received three award terminations from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (the “CDC”). The total value of the terminated awards was approximately \$190,447,045.<sup>1</sup> All three terminations were “for cause” based on the end of the COVID pandemic, rather than failure of ADHS to follow the terms or conditions of the grants. Each award termination uses the same identical form language stating that the termination is “for cause” and that “[t]he end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements.” Descriptions of each award and the effects of these terminations follow.

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<sup>1</sup> This amount represents the total of available balance and encumbered amounts for each of the three relevant grants.

## **Epidemiology and Laboratory Capacity (“ELC”)**

5. In 2020, the CDC invited applications for the 2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases grant (“ELC Grant”).

6. The goal of CDC’s ELC program is to reduce illness and related deaths caused by a wide range of infectious disease threats. The ELC program provides annual funding, strategic direction, and technical assistance to domestic jurisdictions for core capacities in epidemiology, laboratory, and health information technology activities. In addition to strengthening core infectious disease capacities nationwide, the ELC program also supports a myriad of specific infectious disease programs.

7. As set out in its grant proposal, ADHS intended to use the ELC Grant to address emerging public health threats and further develop an agile and foundational infrastructure and a prepared workforce throughout the State. The COVID-19 pandemic magnified the limitations and inefficiencies of existing public health data systems and processes, underscoring the urgent need for modernization and workforce development. In addition to establishing the infrastructure to meet the needs of emerging public health threats within the state, Arizona is also part of the national public health system. Sharing data and collaborating with other state and federal partners is essential to addressing complex public health issues. In order for Arizona to effectively report its data into federal systems, modernization efforts are required.

8. CDC awarded ADHS its first ELC Grant in April 2020, with supplemental and core funding distributions occurring under various names and dates. The following disbursements/awards (collectively, “ELC Grant”) were impacted by the termination:

- a. ELC CARES was awarded on April 22, 2020 (\$16,468,951);

- b. ELC Enhanced Detection (“ELC ED”) was awarded on May 18, 2020 (\$150,148,030);
- c. HAI COVID supplemental was awarded on May 28, 2020 (\$167,815,127) for a 5-year budget period upon award; and
- d. ELC Enhanced Detection Expansion (“ELC EDX”) was awarded on January 14, 2021 (\$418,951,181).

9. On April 23, 2020, the CDC produced a Notice of Award (“NOA”) setting forth the terms and conditions of the ELC Grant award. The ELC Grant used the pre-COVID ELC grant mechanism, but was assigned a Unique Federal Award Identification Number NU50CK000511-05-17. A true and correct copy of the April 23, 2020 NOA is attached as **Exhibit A**.

10. NOAs for the ELC ED, COVID HAI, and ELC EDX funds each incorporate by reference the CDC’s General Terms and Conditions for Non-Research Grants and Cooperative Agreements (“Terms and Conditions”), which provide that termination of the grant by the CDC is permitted (1) if a recipient or subrecipient “fails to comply with the terms and conditions” of the award, (2) “for cause,” (3) upon mutual agreement of the recipient and CDC, or (4) by the recipient, upon written notification to the CDC setting forth the reasons for termination, effective date, and portion to be terminated. The Terms and Conditions further provide that “if the Federal awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.”

11. Since April 2020, ADHS has used the ELC Grant funds in a manner fully consistent with the CDC’s statements regarding the nature of the grant and ADHS’s grant application.

12. ADHS has strategically utilized allocated ELC Grant funds to:
  - a. bolster both immediate COVID-19 response initiatives and enhancements to the public health infrastructure throughout the state;
  - b. invest in measures such as the expansion of electronic surveillance systems and improving laboratory response capabilities;
  - c. fortify Arizona’s resilience against infectious diseases, not only addressing the current pandemic but also preparing for potential future public health challenges; and
  - d. establish a robust network of support that includes state and county health departments, as well as community partners, ensuring that health resources are effectively mobilized to safeguard the well-being of all Arizonans, particularly those in vulnerable or high-risk populations.

13. ADHS has deployed its ELC Grant funds to improve Arizona’s public health preparedness and response capabilities. Notable examples of funded activities include ongoing infectious disease prevention efforts, training for healthcare providers, and community outreach programs that aim to increase public awareness and health literacy. By supporting a diverse range of initiatives, ADHS facilitates collaboration among state and local health entities, thus creating a comprehensive framework for public health that addresses both present demands and future preparedness, ultimately ensuring a sustained and equitable health response across the state.

14. The amount of remaining funds for the ELC Grant totaled \$144,758,703 as of March 27, 2025. The breakdown between funding is as follows: ELC CARES (\$4,722,665); ELC ED (\$35,154,733); COVID HAI (\$814,339); and ELC EDX (\$104,066,966). Prior to the

termination notice, ADHS's next draw down of ELC Grant funds would have occurred on March 27, 2025.

15. On October 17, 2023, the CDC granted ADHS's request for a No-Cost Extension and extended the budget and project period end dates from August 1, 2024 to July 31, 2026. Therefore, prior to the termination notice, the end date for the ELC Grant was July 31, 2026.

16. For the 15 counties that are sub-recipients of the ELC Enhanced Detection and Enhanced Detection Expansion, this funding has heavily supported the staff for these counties. For the ELC Enhanced Detection funding, an estimated 47.67% of this funding was allocated towards salaries and benefits, while ELC Enhanced Detection Expansion had 62.61% of distributed funds allocated to the 15 counties. These funds would have continued to support staffing at local county health departments as well as their modernization and health infrastructure-based projects to provide public health services.

17. The project to modernize the disease surveillance system, MEDSIS, is impacted by the ELC Grant being terminated. This project was planned for 28 months and was nearly 65% completed with a go-live target of July 2025. The termination significantly delays the release of the new system and has potential impact in terms of forcing a reduction in the scope of the project due to lack of funding. The project entailed developing a new system to replace a 19-year-old system that has accumulated a significant amount of technical debt (incurred with any system as the technology ages) and system breaks which the agency has been patching for years. This termination has stymied cost-effective epidemic and pandemic adaptability of disease surveillance, delaying delivery of critical health information that informs the public of early detection of disease in order to provide the public as much time as possible to respond. The current status of the project to modernize the disease surveillance system, MEDSIS, remains incomplete, which leaves a

critical gap in meeting the needs of the state. Failure to finalize this system may have dire consequences for disease surveillance and the public health infrastructure across the state and the 15 counties reliant on this system. The urgency for timely and effective data collection in the context of disease detection and response is paramount. During the pandemic, there was outcry for faster information, and the system improvements underway would achieve that goal.

18. The MEDSIS system is a repository for infectious disease data from 2006 to current, with disease surveillance and reporting of over 130 communicable diseases tracked in MEDSIS statewide. MEDSIS has expanded beyond infectious diseases, replacing other stand-alone surveillance systems or serving as the repository for emerging diseases. These include surveillance and case management for blood lead (2016), opioid overdose events and neonatal abstinence syndrome surveillance (2017), the statewide birth defects surveillance module (2018), and HIV surveillance (2023).

19. ADHS staff was also in the process of adding additional data sets to a data lakehouse<sup>2</sup> to build on the vision of a comprehensive view of public health in Arizona. The termination of the ELC Grant threatens the ability to complete this project and risks the ADHS's ability to maintain the data lakehouse as it had been designed in training. The termination also threatens ADHS's ability to ensure the proper transition to the final version of the lakehouse, along with transferring the necessary data sets.

20. To obtain these Federal funds ADHS has to "draw down" funds from the federal Payment Management System ("PMS"). Prior to receipt of the ELC termination letter, ADHS submitted draws on a weekly cadence, which is carefully timed to ensure that funds are received by ADHS in time to pay outstanding obligations in accordance with contractual requirements.

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<sup>2</sup> A data lakehouse is a data platform that merges aspects of data warehouses (structured data for analytics) and data lakes (raw data storage) into one data management solution.

ADHS is currently making daily draws from PMS due to recent events involving the federal funding freeze, with the next draw expected to occur on March 31<sup>st</sup>.

21. ADHS has consistently fulfilled all grant-related activities with a strong commitment to compliance and excellence. This includes proactive participation in meeting all outlined obligations. ADHS participated in routine project officer calls with CDC staff, which facilitated clear programmatic and administrative communication and collaboration. CDC site visits were conducted effectively, ensuring both transparency with the CDC and communicating ADHS's adherence to project guidelines.

22. On October 23-25, 2024, CDC staff, ADHS staff, and Maricopa County Department of Public Health staff conducted an in-person site visit for the purpose of evaluating ADHS's current progress with the ELC grant, exploring any challenges/barriers, and providing technical assistance. Specifically, the CDC identified "no major issues" with ADHS's performance and instructed that "ADHS should continue with its existing plans as presented during the site visit as there were no concerns with what was shared as it continues working on activities during Budget Period 1 and previously awarded COVID projects that are ongoing." A true and correct copy of the CDC's December 6, 2024 report summarizing its key findings and recommendations is attached hereto as **Exhibit B**.

23. ADHS meticulously and timely tracked and reported its ELC Grant reporting metrics, demonstrating ADHS's accountability and dedication to achieving desired outcomes. Additionally, audits were conducted successfully, reflecting our commitment to maintaining high standards of integrity and performance. Overall, ADHS's efforts have not only met but exceeded the expectations set forth in the ELC Grant requirements, resulting in positive outcomes for the ELC program and the communities ADHS serves.

24. On March 25, 2025, without any prior notice or indication, the CDC informed ADHS that effective March 24, 2025, its ELC Grant was being terminated as of March 24, 2025. A true and correct copy of the ELC Grant award termination NOA is attached as **Exhibit C**.

25. The ELC Grant award termination NOA states that the termination is “for cause” and that “[t]he end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements.” The ELC Grant award termination stated “[n]o additional activities can be conducted, and no additional costs may be incurred, as it relates to these funds.” It also states that the closeout period is only 30 days. No other guidance or clarification was provided.

26. Historically, ADHS has received at least a few months’ notice if a funding source’s end date was going to change. This was done via a virtual meeting with grantees, a specific communication regarding the change in PMS, a specific communication from the grant project officer, and/or another specific email communication from HHS. In contrast to this practice, ADHS was not given prior notice of the ELC Grant termination, and the termination date was set for the day before ADHS actually received the notice.

27. On March 26, 2025, ADHS asked the known CDC Grants Management Officer about the 30-day closeout period and requested that the closeout period be extended to 120 days in accordance with 2 C.F.R. § 200.344. To date, ADHS has not received a response from the CDC.

28. ADHS relied and acted upon its expectation and understanding that HHS and the CDC would provide the ELC Grant funding the CDC awarded to ADHS. Prior to the receipt of the termination from HHS, significant achievements were reached within the designated timeframe:

- a. The enhancement of ADHS support for counties experiencing high demands for case investigation and management. A redesigned team

structure, now known as the Rapid Response team, was established whereby state resources were mobilized to assist overwhelmed local counties. This integrated team approach allows counties to directly request services from ADHS when faced with an overload of disease investigation. ADHS effectively leveraged technology to conduct outreach and engage the community, resulting in over 8,400 COVID-19 case interviews being completed via text surveys, which were critical for contact tracing efforts. Furthermore, ADHS monitored symptoms in over 15,600 individuals, yielding more than 760,000 completed surveys and capturing over 1,790,000 symptom checks. This monitoring process identified more than 370 probable COVID-19 cases.

- b. 98,000 at-home COVID-19 self-test kits were distributed to contacts of confirmed cases, leading to the identification of more than 4,651 positive cases. The Language Line proved to be an essential resource in reaching out to individuals who required educational and resource support in languages other than English or Spanish. During this period, there were 59 requests for Language Line assistance, resulting in 34 completed investigations related to COVID-19, Mpox, and EVD outbreak responses. Moreover, over 3,700 cases and their contacts were referred to community partners, pairing them with community navigators to access vital resources. The top three requested services across the state included emergency food box delivery, utility assistance, and emergency food box sites.

- c. The launch of the Public Health Data Portal significantly improved data accessibility for the public in Arizona by centralizing searchable data resources. Additionally, the Visual Analytics Modernization initiative successfully upgraded over 300 internal and external dashboards to a modern, sustainable platform while providing training for staff on effective dashboard maintenance. The Population Denominators Modernization significantly enhanced the speed and process for publicly providing critical context regarding health issues, including infection and mortality rates, vaccination coverage, and other health disparities. This advancement enables health programs to allocate resources more effectively and track their progress.

29. ADHS's successful implementation of the ELC Grant has been significantly and adversely impacted by the abrupt termination received, which has led to unforeseen setbacks and complications. This unexpected halt not only disrupted ongoing operations but also poses serious challenges to the timely execution of critical public infrastructure projects and initiatives. The impact of CDC's termination of the ELC Grant extends beyond immediate productivity loss, potentially affecting long-term outcomes, stakeholder relationships, and community benefits associated with these vital public works. It is imperative to address these issues promptly to mitigate further impact and to ensure the integrity and progress of the projects involved.

30. Prior to its grant award termination on March 25, 2025, the CDC had never provided ADHS with notice, written or otherwise, that the ELC Grant administered by ADHS was in any way unsatisfactory.

**National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities Grant (“HD”)**

31. In 2021, the CDC invited applications for non-competitive grant CDC-RFA-OT21-2103, titled “National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Community” (“HD Grant”).

32. The purpose of the HD Grant was to address COVID-19 related health disparities and advance health equity by expanding state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk. All activities fall into one of the HD grant programs four overarching strategies: 1) Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved; 2) Increase and improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness and death in order to guide the response to the COVID-19 pandemic; 3) Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved; and 4) Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved.

33. As set out in its grant proposal, the ADHS used the HD Grant to mitigate health disparities occurring among populations throughout Arizona experiencing a disproportionate burden of COVID-19 infection.

34. On May 26, 2021, the CDC issued an NOA setting forth the terms and conditions of the HD Grant award. ADHS’s HD Grant was assigned a Unique Federal Award Identification

Number NH75OT000005. A true and correct copy of the corresponding NOA and its attachments, dated May 26, 2021, is attached as **Exhibit D**.

35. The May 26, 2021 NOA incorporates by reference the CDC's General Terms and Conditions for Non-Research Grants and Cooperative Agreements ("Terms and Conditions"), which provide that termination of the grant by the CDC is permitted (1) if a recipient or subrecipient "fails to comply with the terms and conditions" of the award, (2) "for cause," (3) upon mutual agreement of the recipient and CDC, or (4) by the recipient, upon written notification to the CDC setting forth the reasons for termination, effective date, and portion to be terminated. The Terms and Conditions further provide that "if the Federal awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety."

36. The HD Grant was initially awarded in May 2021 for a two-year period from June 1, 2021, to May 31, 2023. On September 20, 2022, the first No Cost Extension (NCE) was granted to ADHS, allowing the continuation of HD Grant-funded activities until May 31, 2024. A second NCE was approved on March 1, 2024, extending the grant period to May 31, 2026.

37. Since May 2021, ADHS has used the HD Grant funds in a manner fully consistent with the CDC's statements regarding the nature of the HD Grant and ADHS's grant application.

38. ADHS utilized the HD grant to support services and activities in rural communities throughout Arizona. More than 90% of the funding was contracted out for local services. Funds were dedicated to rural county health departments, tribal organizations, universities, and non-profit organizations. These partner organizations provided a variety of community services in alignment with the grant-specified strategies. A specific workplan was approved for each subrecipient.

Examples of services provided include: providing telehealth services, creating educational materials appropriate for local communities, utilizing Community Health Workers (CHWs) to conduct outreach and education, creating community resource guides, linking community members to available services, improving data collection, establishing community advisory boards, and supporting a centralized patient transfer system.

39. ADHS had transitioned to making daily draws from PMS due to recent events involving the federal funding freeze, with the next draw expected to occur on March 31, 2025. As of March 26, 2025, ADHS had up to \$1,551,986 remaining unspent on the HD Grant that had previously been approved by the CDC to be authorized for expenditure through May 2026. ADHS had open purchase orders totaling \$945,179 with nine subrecipients who were continuing to provide services under the grant. Funds would have been used for a variety of services such as community education on chronic disease as well as COVID-19, mental health supports, utilization and training of community health workers, and linking community members in need to local services.

40. ADHS has consistently attended the quarterly CDC grant meetings, which involved the CDC Project Officer and representatives from Arizona, Nevada, New Mexico, Texas, and Ohio. Progress reports—both quarterly and annual—have been submitted on time, either directly to the CDC Project Officer or through the REDCap platform.

41. The CDC Project Officer has acknowledged and expressed appreciation for the progress made by ADHS and its subcontractors in this important health initiative during the last quarterly review. The CDC conducted a site visit to ADHS from July 10 to 14, 2023. During this visit, the CDC project officer engaged with ADHS and its subgrantees to assess project progress, identify challenges and successes, and determine any additional support necessary to help the

grantees achieve their project goals. The CDC's Final Site Visit Report, dated August 10, 2023, noted that ADHS "has achieved substantial wins with their OT21-2103 funds," and that "[t]he Arizona Department of Health Services and their rural county health department partners face unique challenges due to the size, demographics, weather, internal border, and seasonal tourism trends of the state of Arizona. ADHS and its partners are employing several evidence-based strategies to overcome these challenges." A true and correct copy of the CDC's August 10, 2023 Final Site Visit Report is attached hereto as **Exhibit E**.

42. The HD Grant approved by the CDC includes many activities supporting whole-person centered disease prevention, recognizing the important connections between the severity of COVID-19 disease to determinants of health and co-morbidities, like diabetes. In fact, one of the four strategies of the grant is to "address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved." Approved and implemented activities have included referrals to social services, such as food, transportation, and housing; integration of mental health and substance use disorders issues, diabetes prevention and education, and assisting the homeless population in securing resources.

43. On March 25, 2025, without any prior notice or indication, the CDC informed ADHS that its HD Grant had been terminated effective March 24, 2025. A true and correct copy of the HD Grant award termination NOA ("HD Termination") is attached as **Exhibit F**.

44. The HD Termination states that the termination is "for cause" and that "[t]he end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements." The HD Termination further states "[n]o additional activities can be conducted, and no additional costs may be incurred, as it relates to these funds" and that the closeout period is only 30 days and provides information about required final reports. No other guidance or clarification was provided.

45. On March 26, 2025, ADHS asked the known CDC Grants Management Officer about the 30-day closeout period and requested that the closeout period be extended to 120 days in accordance with 2 C.F.R. § 200.344. To date, ADHS has not received a response from the CDC.

46. Historically, ADHS has received at least a few months' notice if a funding source's end date was going to change. This was done via a virtual meeting with grantees, a specific communication regarding the change in PMS, a specific communication from the grant project officer, and/or another specific email communication from HHS. In contrast to this practice, ADHS was not given prior notice that the HD Grant would be terminated, and the termination date was set for the day before ADHS actually received the notice.

47. ADHS relied and acted upon its expectation and understanding that HHS would fulfill its commitment to provide the HD Grant funding it had awarded to ADHS. With the extended timeline that the CDC had granted ADHS to continue spending the funds through May 2026, subrecipients were planning accordingly to continue providing services to their local communities. The sudden and unexpected stoppage meant that ADHS needed to issue stop work orders to all of the subrecipients to halt all grant-funded activities.

48. The sudden termination of funds harms local community health services in rural areas of Arizona and places additional strain on the public health infrastructure to provide services. Harms may include reduced outreach, linkages to services, and community health education. As funding for closing the gap on health disparities comes to an end, the local infrastructure may not be resourced adequately to improve health outcomes for those who need it the most.

49. Prior to the grant award termination on March 25, 2025, the CDC had never provided ADHS with notice, written or otherwise, that the grant administered by the CDC was in any way unsatisfactory.

### Immunization and Vaccines for Children (IVFC)

50. In 2019, the CDC invited applications for Immunization and Vaccines for Children grant (“IVFC Grant”), and entered into a Cooperating Agreement for Grant No. CDC-RFA-IP19-1901, an award term of July 1, 2019 to June 30, 2024. On April 5, 2019, ADHS timely submitted its application by the due date of April 8, 2019 and the initial award was issued on June 21, 2019. The IVFC Grant was assigned a Unique Federal Award Identification Number NH23IP922599.

51. On June 4, 2020 the CDC issued a Notice of Award (“NOA”) approving additional Covid-related funding and setting forth superseding terms and conditions of the IVFC Grant award. A true and correct copy of the June 4, 2022 IVFC NOA is attached as **Exhibit G**. The IVFC NOA incorporates by reference the CDC’s General Terms and Conditions for Non-Research Grants and Cooperative Agreements (“Terms and Conditions”), which provide that termination of the grant by the CDC is permitted (1) if a recipient or subrecipient “fails to comply with the terms and conditions” of the award, (2) “for cause,” (3) upon mutual agreement of the recipient and CDC, or (4) by the recipient, upon written notification to the CDC setting forth the reasons for termination, effective date, and portion to be terminated. The Terms and Conditions further provide that “if the Federal awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.”

52. On October 30, 2024, ADHS received an NOA extending the IVFC Grant award term through June 30, 2025.

53. The purpose of the IVFC Grant was to improve and sustain vaccination coverage among children, adolescents, and adults; reduce vaccination disparities across pediatric,

adolescent, and adult populations; improve readiness to respond to current and future vaccine-preventable disease (VPD) outbreaks and other related public health emergencies, including COVID-19; reduce the incidence of VPDs; and reduce VPD-related morbidity and mortality. The IVFC Grant supported the development, implementation, assessment, and promotion of immunization-related activities to achieve and sustain high immunization coverage, reducing vaccination disparities and incidents of vaccine-preventable disease, and improving readiness to respond to vaccine-preventable disease threats. The IVFC Grant project also assisted in implementing, developing, and enhancing the Arizona State Immunization Information System (ASIIS) to support public health objectives. Project-required activities include the implementation of the Vaccines for Children (VFC) and Section 317 vaccine programs for eligible individuals.

54. CDC's Immunization Services Division (ISD) Notice of Funding Opportunity (NOFO) continues and builds upon the ongoing work of the Section 317 and Vaccines for Children (VFC) Programs. These programs remain central to the U.S. immunization program infrastructure to achieve high vaccination coverage, low incidence of vaccine-preventable disease (VPD) and maintain or improve response to vaccine-preventable public health threats. The VFC Program provides vaccines to children whose parents or guardians may not be able to afford them. Serving as an important contributor to health equity, the program helps support fair and just opportunities for all children to get their recommended vaccinations on schedule and achieve their highest level of health. Section 317 of the Public Health Service Act helps meet the costs of prevention health services, and 317 priorities include preserving immunization infrastructure, maintaining vaccine supply as a safety net for uninsured adults, and responding to VPD outbreaks. IVFC Cooperative Agreement activities included the following five priority strategies: (1) Strengthen Program

Infrastructure and Management; (2) Increase Vaccine Access; (3) Improve Vaccination Equity; (4) Promote Vaccine Confidence and Demand; (5) Enhance Data and Evaluation.

55. As set out in its grant proposal, ADHS intended to use the IVFC Grant - COVID-19 Supplemental funds to provide resources to support and strengthen critical COVID-19 immunization planning and implementation requirements and activities to ensure effective and efficient vaccination for the state. Key activities included the following: 1) Increase COVID-19 vaccination capacity across the state, including among high-risk and underserved populations; 2) Ensure high-quality and safe administration of COVID-19 vaccines; 3) Ensure equitable distribution and administration of COVID-19 vaccines; 4) Increase vaccine confidence through education, outreach, and partnerships; 5) Develop and implement community engagement strategies to promote COVID-19 vaccination efforts; 6) Support high vaccination uptake in tribal nations; and 7) Use immunization information systems to support efficient COVID-19 vaccination.

56. Funding to address the COVID-19 pandemic was made available through several different congressional appropriations, each of which is identified differently on the Notice of Award and within the Payment Management System (PMS) by document/account number. COVID-19 funding awarded through the Immunization and Vaccines for Children Cooperative Agreement consists of: Coronavirus Aid, Relief, and Economic Security (CARES), Coronavirus Response and Relief Supplemental Act (CRRSA), and the American Rescue Plan Act (ARP). All COVID-19 supplemental funds had an original project end date of June 30, 2024. In lieu of beginning a new cooperative agreement in July 2024, the CDC's Immunization Operations and Services Branch (IOSB) extended the IVFC Grant for an additional 12 months, extending the project end date to June 30, 2025. In January 2025, ADHS received the opportunity to request a

no-cost extension of the IVFC Grant, COVID-19 supplemental funds through June 30, 2027. ADHS submitted the no-cost extension request in February 2025, but did not receive a response

57. Since July 2020, ADHS has used the IVFC Grant funds in a manner fully consistent with CDC's statements regarding the nature of the grant and ADHS's grant application.

58. Supported by the IVFC Grant, ADHS has been able to provide COVID-19 vaccine distribution, administration, and oversight. ADHS has used the IVFC Grant funds to enhance and modernize its Immunization Information System related to vaccine ordering, inventory management, and recording vaccine waste. IVFC Grant funds have been used to build and maintain a learning management system (LMS) providing Arizona's immunization providers with education and training related to vaccine storage and handling, vaccine inventory management, data submission, and compliance requirements.

59. Throughout the project period, ADHS has purchased and provided Digital Data Loggers (DDLs) for temperature monitoring purposes. Any participating provider could request and receive DDLs as needed. IVFC Grant funds were allocated to local health departments to purchase storage and handling supplies, provide vaccination services, develop or enhance technology, and provide patient education. IVFC Grant funds were also used to support state-run 24/7 vaccination sites, which provided 1.6 million doses of life-saving vaccines. Early marketing campaigns provided Arizonans and our partners with information on how to stay healthy and respond to COVID-19 through thousands of social media posts, website updates, and targeted media.

60. ADHS had transitioned to making daily draws from PMS, with the next draw expected to occur on March 31<sup>st</sup>. ADHS estimates that up to \$44,136,355.66 remained as of March 26, 2025. The end date of the IVFC Grant funds was June 20, 2025, but ADHS had requested a

no-cost extension through June 30, 2027. Funds were planned to be used for a variety of activities such as mobile vaccination services in areas where access to vaccination is difficult, vaccine-preventable disease (VPD) outbreak surveillance and response, data modernization, staffing, vaccine confidence, and patient and provider education.

61. ADHS has consistently met or exceeded all performance requirements related to the IVFC Grant. ADHS has participated in all required calls, meetings, and conferences with the CDC. ADHS submitted mid-year and annual reports, meeting CDC-established deadlines. Monthly financial reporting was provided via REDCap and GrantSolutions. Quarterly progress on activities and performance measures was also submitted based on the required frequency set forth by the CDC.

62. As the COVID-19 vaccine became integrated into the routine immunization schedule for children and adults, the CDC expanded ADHS's authority for activities to be conducted and integrated within broader immunization program activities. Examples of broad-scale immunization work that directly benefitted COVID vaccine coverage included (not exhaustive): vaccine confidence activities, vaccine equity activities, general provider and patient education, immunization information systems (IIS) enhancements and modernization, and expanding vaccine and mobile clinics to encompass other routine vaccines such as flu and measles.

63. On March 25, 2025, without any prior notice or indication, the CDC informed ADHS that effective March 24, 2025 its IVFC Grant was being terminated as of March 24, 2025. A true and correct copy of the grant award termination NOA is attached as **Exhibit H**.

64. The IVFC Grant award termination NOA states that the termination is "for cause" and that "[t]he end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements." The IVFC Grant award termination stated "[n]o additional activities can

be conducted, and no additional costs may be incurred, as it relates to these funds.” It also states that the closeout period is only 30 days and provides information about required final reports. No other guidance or clarification was provided.

65. On March 26, 2025, ADHS asked the known CDC Grants Management Officer about the 30-day closeout period and requested that the closeout period be extended to 120 days in accordance with 2 C.F.R. § 200.344. To date, ADHS has not received a response from the CDC.

66. Historically, ADHS has received at least a few months’ notice if a funding source’s end date was going to change. This was done via a virtual meeting with grantees, a specific communication regarding the change in PMS, a specific communication from the grant project officer, and/or another specific email communication from HHS. In contrast to this practice, ADHS was not given prior notice of the IVFC Grant termination, and the termination date was set for the day before ADHS actually received the notice.

67. ADHS relied and acted upon its expectation and understanding that HHS would fulfill its commitment to provide IVFC Grant funding it had awarded to ADHS. With the extended timeline that CDC had granted ADHS to continue spending the funds through June 2025, and the subsequent no-cost extension request that would have extended the funds further through June 2027, ADHS and sub-recipients were planning on the ability to continue providing services. The sudden and unexpected stoppage meant that ADHS needed to issue stop-work orders to all of the sub-recipients to halt all grant-funded activities. At the time of the termination notice, the sub-recipients had a total of approximately \$27.6 million remaining on their purchase orders.

68. The abrupt loss of funding will harm Arizonans throughout the state by reducing the availability and accessibility to vaccines, thereby potentially increasing the severity of disease outbreaks due to lower vaccination rates. Abrupt cancellation of mobile vaccine clinics and other

community vaccination events for Arizona residents make it more difficult and less accessible for members of the public to get vaccinated not only for COVID-19 but also for flu, measles, and other routine vaccinations. Many Arizona residents, particularly those in rural communities, rely on these services.

69. The loss of funding will significantly impact local health departments that were sub-recipients of this funding. Local health departments (LHDs) have immediately reduced or stopped vaccination clinics, including pop-ups and those offered after-hours and on weekends. LHDs will no longer be able to attend or host community health fairs and events to provide vaccination education and services. Continued staffing for vaccine activities will be difficult for many LHDs. Arizona will likely see an overall decrease in vaccination services and, thus, a decrease in vaccination coverage and rates among its population. Low vaccination coverage will leave Arizona communities susceptible to VPD outbreaks.

70. Prior to the IVFC Grant award termination on March 25, 2025, the CDC had never provided ADHS with notice, written or otherwise, that the grant administered by ADHS was in any way unsatisfactory.

I declare under penalty of perjury under the laws of the United States that, to the best of my knowledge, the foregoing is true and correct.

Executed on March 30, 2025, at Phoenix, Arizona.



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Sheila Sjolander, MSW  
Deputy Director, Arizona Department of Health  
Services

# **EXHIBIT A**

1. DATE ISSUED MM/DD/YYYY 04/23/2020

1a. SUPERSEDES AWARD NOTICE dated 09/17/2019 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

2. CFDA NO. 93.323 - Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

3. ASSISTANCE TYPE Cooperative Agreement

4. GRANT NO. 6 NU50CK000511-01-05 Formerly

5. TYPE OF AWARD Demonstration

4a. FAIN NU50CK000511

5a. ACTION TYPE Post Award Amendment

6. PROJECT PERIOD MM/DD/YYYY From 08/01/2019 Through 07/31/2024

7. BUDGET PERIOD MM/DD/YYYY From 08/01/2019 Through 07/31/2020

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention

2939 Brandywine Road  
Atlanta, GA 30341

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)  
301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

8. TITLE OF PROJECT (OR PROGRAM)  
2019 Epidemiology an Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)

9a. GRANTEE NAME AND ADDRESS  
Health Services Department  
150 N 18th Ave  
Phoenix, AZ 85007-3232

9b. GRANTEE PROJECT DIRECTOR  
Mr. Eugene Livar  
150 N. 18th Ave., #110  
Phoenix, AZ 85007-8500  
Phone: 6023643846

10a. GRANTEE AUTHORIZING OFFICIAL  
Ms. Lora Andrikopoulos  
150 N 18th Ave  
Phoenix, AZ 85007-3232  
Phone: 602-364-3423

10b. FEDERAL PROJECT OFFICER  
Mrs. Janice Downing  
1600 Clifton Rd  
Atlanta, GA 30333  
Phone: 404-639-7808

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD COMPUTATION	
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from item 11m) 16,468,951.00	
II Total project costs including grant funds and all other financial participation <b>I</b>		b. Less Unobligated Balance From Prior Budget Periods 0.00	
a. Salaries and WageS	1,377,668.00	c. Less Cumulative Prior Award(s) This Budget Period 4,022,427.00	
b. Fringe Benefits	592,396.00	d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 12,446,524.00	
c. Total Personnel Costs	1,970,064.00	13. Total Federal Funds Awarded to Date for Project Period 16,468,951.00	
d. Equipment	0.00	14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):	
e. Supplies	269,675.00	YEAR	TOTAL DIRECT COSTS
f. Travel	67,319.00	a. 2	d. 5
g. Construction	0.00	b. 3	e. 6
h. Other	12,813,191.00	c. 4	f. 7
i. Contractual	916,744.00	15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
j. TOTAL DIRECT COSTS	16,036,993.00	a. DEDUCTION	
k. INDIRECT COSTS	431,958.00	b. ADDITIONAL COSTS	
I. TOTAL APPROVED BUDGET 16,468,951.00		c. MATCHING	
m. Federal Share	16,468,951.00	d. OTHER RESEARCH (Add / Deduct Option)	
n. Non-Federal Share	0.00	e. OTHER (See REMARKS)	
REMARKS (Other Terms and Conditions Attached - <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)		16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDDING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:	
		a. The grant program legislation	
		b. The grant program regulations.	
		c. This award notice including terms and conditions, if any, noted below under REMARKS.	
		d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.	
		In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.	

GRANTS MANAGEMENT OFFICIAL:

Brownie Anderson-Rana, Grants Management Officer  
2939 Flowers Road  
Mailstop TV2  
Atlanta, GA 30341-5509  
Phone: 770-488-2771

17.OBJ CLASS	41.51	18a. VENDOR CODE	1866004791A7	18b. EIN	866004791	19. DUNS	804745420	20. CONG. DIST.	07
FY-ACCOUNT NO.		DOCUMENT NO.		ADMINISTRATIVE CODE		AMT ACTION FIN ASST		APPROPRIATION	
21. a.	0-9390EWQ	b.	19NU50CK000511C3	c.	CK	d.	\$12,446,524.00	e.	75-2024-0943
22. a.		b.		c.		d.		e.	
23. a.		b.		c.		d.		e.	

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 3	DATE ISSUED 04/23/2020
GRANT NO. 6 NU50CK000511-01-05	

**Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
<b>Total</b>	\$0.00	\$0.00	\$0.00

NOTICE OF AWARD (Continuation Sheet)

PAGE 3 of 3	DATE ISSUED 04/23/2020
GRANT NO. 6 NU50CK000511-01-05	

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Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
08/01/2019	07/31/2020	Annual	10/29/2020

# AWARD ATTACHMENTS

Arizona Department of Health

6 NU50CK000511-01-05

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1. Terms and Conditions

## AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CK19-1904, entitled Epidemiology and Laboratory Capacity (ELC), which is hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Component Funding:** Additional funding in the amount \$12,446,524 is approved for the Year 01 budget period, which is August 1, 2019 through July 31, 2020 **COVID-19** Response Activities:

- E. Cross-Cutting Emerging Issues: \$12,446,524

**Recipients have 24 months from the date of this NoA to expend all funds awarded herein**

**Budget/Workplan Revision Requirement:** Within 30 days of this NoA, the recipient must submit a revised budget with a narrative justification outlining response activities. Failure to submit the required information in a timely manner may adversely affect the future funding of the project. If the information cannot be provided by the due date, you are required to contact your ELC Project Officer and Grant Management Specialist. Revised budget can be uploaded in GrantSolutions as a grant note for the purpose of “administrative relief” during the COVID-19 crisis.

**Pre-Award Costs:** Pre-award costs dating back to January 20, 2020 – when CDC first activated its Emergency Operations Center (EOC) – and directly related to the COVID-19 outbreak response are allowable.

**Indirect Costs:** Indirect cost will be approved based on current approved negotiated indirect cost rate agreement.

**Overtime:** Because overtime costs are a very likely and reasonable expense during the response to COVID-19, CDC will allow recipients to include projected overtime in their budgets. Recipients should be careful to estimate costs based on current real-time needs and will still be required to follow federal rules and regulations in accounting for the employees’ time and effort.

### **Additional Reporting:**

- Monthly progress reports on status of timelines, goals, and objectives as defined by CDC in approved work plans.
- Monthly fiscal reports (beginning 60 days after NOAs are issued).
- Performance measure data
- CDC may require recipients to develop annual progress reports (APRs). CDC will provide APR guidance and optional templates should they be required.

### **Additional Term and Condition:**

A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123) or the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the “CARES Act”) (P.L. 116-136) agrees to: 1) comply with

existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

If recipient disburses any funds received pursuant to this award to a local jurisdiction, recipient shall ensure that the local jurisdiction complies with the terms and conditions of this award. Consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, to the extent applicable, Recipient will comply with Section 18115 of the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act"), Public Law 116-136, with respect to the reporting to the Secretary of Health and Human Services of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19.

#### **Unallowable Costs:**

- Research
- Clinical care
- Publicity and propaganda (lobbying):
  - Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
  - See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients:  
[https://www.cdc.gov/grants/documents/Anti-Lobbying\\_Restrictions\\_for\\_CDC\\_Grantees\\_July\\_2012.pdf](https://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf)
- All unallowable costs cited in CDC-RFA-CK19-1904 remain in effect, unless specifically amended in this guidance, in accordance with 45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, And Audit Requirements for HHS Awards.

## **REPORTING REQUIREMENTS**

**Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS):** Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, 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 CDC and to the

HHS OIG at the following addresses:

CDC, Office of Grants Services  
Tonya M. Jenkins, Grants Management Specialist  
Time Solutions LLC  
Office of Grants Services (OGS)  
Office of Financial Resources (OFR)  
Office of the Chief Operating Officer (OCOO)  
Centers for Disease Control and Prevention (CDC)  
pjo6@cdc.gov | 404-498-2399 office

AND

U.S. Department of Health and Human Services  
Office of the Inspector General  
ATTN: Mandatory Grant Disclosures, Intake Coordinator  
330 Independence Avenue, SW  
Cohen Building, Room 5527  
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or  
Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

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 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

#### **PAYMENT INFORMATION**

*The HHS Office of the Inspector General (OIG) maintains a toll-free number (1- 800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to [hhstips@oig.hhs.gov](mailto:hhstips@oig.hhs.gov) or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.*

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified on the bottom of Page 1 of the Notice of Award must be known in order to draw down funds.

**Stewardship:** The recipient must exercise proper stewardship over Federal funds by ensuring

that all costs charged to your cooperative agreement are allowable, allocable, and reasonable and that they address the highest priority needs as they relate to this program.

***All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.***

# **EXHIBIT B**



## ELC Site Visit Report to Arizona Department of Health Services

December 6, 2024

Susan Robinson  
Chief Strategy and Innovation Officer  
Arizona Division of Health Services  
150 N 8<sup>th</sup> Avenue  
Phoenix, AZ 85007

Dear Ms. Robinson,

On behalf the CDC Epidemiology and Laboratory Capacity (ELC) team, I want to thank you and your staff for making the recent site visit on October 23, 2024, and joint site visit with Maricopa County Department of Public Health on October 24, and Arizona laboratory discussion on October 25, such a success. We truly appreciate the time and energy dedicated to helping us understand how the ELC supports epidemiology, laboratory, and health information systems to address public health needs and reduce infectious diseases in Arizona.

Key findings from the visit and discussions are outlined in the report below.

**Purpose:** ELC provides Core funding to Arizona to support numerous programs & projects focused on infectious disease work. The site visit intended to check on current progress in their first quarter as an ELC recipient, explore any challenges/barriers, and provide technical assistance.

**Site Visit Overview Summary:** CDC staff provided an overview of the ELC Program including the Division of Infectious Disease Readiness and Innovation (DIDRI) and the Epidemiology Laboratory Capacity and Informatics Branch (ELCIB) presented by branch chief, Alvin Shultz. This is organizationally where the ELC Program sits in CDC's National Center for Emerging and Zoonotic Infectious Diseases. Other CDC attendees included Aaron Borrelli, ELC Project Officer for Arizona; Dr. Justine Pompey, ELC Laboratory Program Advisor; and Dr. Jason Snow, ELC Director.

**Major Accomplishments:** ADHS demonstrated solid leadership ability and organization for managing its ELC award and hosting ELC for this site visit. ADHS has significant history as an ELC recipient and provided numerous examples of accomplishments and recent success with its ELC awards—both core and COVID or other special funding. The tour of Arizona's State Public Health Laboratory was extremely beneficial, and the ELC representatives appreciate the time and attention taken to make that tour such a success. ELC also appreciates ADHS's efforts to coordinate and collaborate closely with Maricopa County Department of Public Health as they transitioned to becoming a separate ELC recipient this summer.

**Key findings and observations:** ADHS has a well-established organization for managing its ELC award. There are no concerns from CDC/ELC perspective about ADHS's current ability or plans with managing its ELC award or any of its programs/projects. The joint site visit between

MCDPH and AZ was helpful to bring both ELC recipients together to identify areas of existing collaboration, new areas for future, and ideas to maximize effectiveness of each recipient's ELC funding to achieve desired outcomes. ADHS has an existing, positive relationship with the Maricopa County Department of Public Health which was demonstrated during the joint site visit portions of the week.

**Issues identified:** No major issues were identified. An area of opportunity is to continue to clarify roles and responsibility between ADHS and MCDPH around data reporting to CDC which has been occurring since the site visit and making progress. ELC and our partner programs will be available for ongoing discussion around this topic as needed. The same ELC Project Officer is assigned to both Arizona and Maricopa County which we hope helps to ensure good communication and collaboration from the ELC side.

**Recommendations:** ADHS should continue with its existing plans as presented during the site visit as there were no concerns with what was shared as it continues working on activities during Budget Period 1 and previously awarded COVID projects that are ongoing.

ELC encourages ADHS to continue to collaborate closely with MCDPH and inform ELC if any issues arise. Additionally, there may be opportunities to further enhance Arizona's role in assisting its local health departments (including interested tribes). For example, ELC is aware that several AZ LHDs are members of the Local Health Department Academy of Science (AOS — <https://lhdacademyofscience.org/>). ADHS could sponsor AOS licenses for additional LHDs/Tribes in that might be interested in joining and could further benefit LHDs by participating in the AOS community of practice (a venue for providing technical assistance on measurements and public health science). It is our understanding that through the AOS, licenses, and access to the national library of tools is available to any LHD for an annual \$1,000 fee. Since the AOS contains substantial COVID-19 tools and information, ELC COVID-19 funds (Enhancing Detection or Enhancing Detection Expansion) could be used to provide support for those licenses and/or ADHS could request support in their upcoming BP2 application.

### **Arizona Public Health Overview**

- Arizona Department of Health Services (ADHS) provided an overview of their state health department which has a decentralized model comprised of 15 counties and 22 tribal nations.
- AZ uses MEDSIS as its state surveillance system, which is homegrown, and they are in process of upgrading.
- They are working on their relationship with tribes including creating tribal sovereignty and data sharing agreements with goal to give tribes their data and no other exchange involved.
- For local jurisdictions, there are some large locals that can handle more work and many others that cannot. Population models that exclude Maricopa and Pima county negatively affect the other counties. AZ has some deep population centers but also lots of rural space.
- The AZ State Public Health Laboratory is critical for all 15 counties and tribal partners in the state. AZ lost appropriated dollars for their lab, and they cannot charge fees (except newborn screening). They receive little state funds for rabies. (More on laboratory activities in focused lab discussion held October 25—see section below.)

**ELC Program and Project Discussion** – AZ provided updates on the key ELC programs and projects for which it received funding in Budget Period 1 (BP1). Program representatives and SMEs were available to present on their topic areas.

## Other General Topics Discussed

- COVID funding status
  - AZ states that they have plans to spend all of their COVID funds.
  - ELC encourages discussion around pending COVID actions prior to official submission.
- Examples of AZ Modernization Projects
  - AZ's Transition to internal Data Lakehouse
  - Development of Arizona master patient index (MPI)

## Joint Site Visit with Arizona Department of Health Services (ADHS) and Maricopa County Department of Health (MCDPH) – October 24

ELC held a joint site visit with Arizona Department of Health Services (ADHS) and the Maricopa County Department of Public Health (MCDPH), due to the collaborative relationship and geographic connection between the two ELC recipients. Major topics covered include:

- Collaboration Discussion to discuss current areas of collaboration around ELC-funded work.
- Sharing best practices for state/local collaboration and coordinating reporting between Arizona and Maricopa County.
- Health Information Systems/Health IT – This topic was presented from Maricopa County perspective during the joint site visit but included group discussion. This function falls within the Data Modernization and Informatics Branch, Maricopa County. Discussion focused on both Arizona and Maricopa County's use of MEDSIS system and its current update to a person-based model and new data lake.
  - Note: On November 18, ELC held a follow-up meeting with ADHS staff to focus on health information systems (HIS) with some members of the ELC HIS Team, since they were unable to join for the site visit.
- Governance Teams & Communication with CDC/ELC
  - The group discussed recommendations for improved use of the ELC governance team. ELC advised it is helpful for the team to meet on a regular basis. ELC recommends at least quarterly meetings for Governance Teams.
  - ELC was asked for thoughts on how best to work with CDC/ELC, Project Director, Daily Contact role, Governance Team involvement.

Recipients that spend funds well:

    - 1) Put lots of thought into what they can realistically do and related costs;
    - 2) When challenges, ELC tends to hear from them early on and link to appropriate SME or another recipient;
    - 3) Governance Team meets as group regarding shortfalls and surpluses with a thoughtful way to adjust budget; think strategically rather than many "one-off" redirections.

Also, expect participation from ELC Governance Team to participate in their senior advisory committee including to coordinate across PHEP, PHIG, and ELC.
  - Communications with ELC Project Officer – encourage inclusion of either Project Director or Daily Contact when SMEs reach out to ELC to ensure awareness.

## Tour of Arizona State Public Health Laboratory – October 24

Staff of the ASPHL gave a detailed and informative tour of the public health laboratory, located in Phoenix. The tour participants included members of CDC/ELC, ADHS, and MCDPH. During the tour, no issues were identified for immediate follow-up.

## **Arizona State Public Health Laboratory Discussion – October 25**

Focused discussion held with two senior staff from ASPHL and ELC representatives provided great insight into ASPHL's current activities and successes. ELC acknowledges ASPHL's concerns about funding and sustainability and is pleased that lab leadership is proactively planning for the future. Some key items from this discussion include:

- *BP1 Activities:* ASPHL is making good progress on BP1 Program A lab activities, especially the cross-cutting gap analysis and brainstorming the landscape analysis.
- *Personnel:* The lab has implemented several strategies to assist in retaining staff with some innovative approaches. ASPHL is willing to share their experience with other recipients during the ELC Annual Meeting.
- *TAP:* The lab enjoyed having a resource from ELC's Technical Assistance Program (TAP). ELC encouraged AZ lab to write a success story about the TAP resource and upload it to Program A: Cross-cutting Epi & Lab in ELC CAMP.
- *Inventory Management System:* ASPHL utilizes WASP for inventory management. Initially piloted in the microbiology section, it is now being expanding to other parts of the lab. ASPHL is interested in learning about systems other recipients are using.
- *LIMS:* ASPHL will be required to transition to the new version of STARLIMS, which is a significant transition.
- *Priorities & Concerns:* ASPHL is concerned about funding and sustainability. The lab is examining current activities and processes and expanding or upgrading equipment and systems using existing funds to set up the lab for success. The lab is also focusing on right-sizing sequencing efforts.
- *Communication with ELC:* ELC emphasized that it is good to let us know anything that might be a problem or potential, substantial problem. It is helpful to include notes and updates in CAMP during quarterly progress reporting as ELC reviews this data. ELC encourages ASPHL to have a low threshold for reaching out to the ELC Lab Program Advisors with questions or for assistance.

After reviewing this site visit report, if you have any additions or corrections that need to be made, please let me know, and the report will be amended.

Again, we would like to thank you for hosting the ELC team on our recent site visit. We look forward to our continued collaboration with the Arizona Department of Health Services.

Sincerely,

**Aaron Borrelli**, MPH, MHMS  
ELC Project Officer  
Epidemiology Laboratory Capacity and Informatics Branch  
Division of Infectious Disease Readiness and Innovation  
National Center for Emerging, Zoonotic and Infectious Diseases  
Centers for Disease Control and Prevention

# **EXHIBIT C**



**Recipient Information**

**1. Recipient Name**

ARIZONA DEPARTMENT OF HEALTH SERVICES  
150 N 18th Ave  
Phoenix, AZ 85007-3232  
[NO DATA]

**2. Congressional District of Recipient**  
07

**3. Payment System Identifier (ID)**  
1866004791A7

**4. Employer Identification Number (EIN)**  
866004791

**5. Data Universal Numbering System (DUNS)**  
804745420

**6. Recipient's Unique Entity Identifier (UEI)**  
QMWUGIAMYF65

**7. Project Director or Principal Investigator**  
  
Susan Robinson  
SUSAN.ROBINSON@AZDHS.GOV  
4804353929

**8. Authorized Official**

Ms. Lora Andrikopoulos  
Grants Manager  
lora.andrikopoulos@azdhs.gov  
480-389-9026

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Terrian Dixon  
Grants Management Officer  
thd4@cdc.gov  
770-488-2774

**10. Program Official Contact Information**

Aaron Borrelli  
Public Health Advisor  
zvt3@cdc.gov  
4046398715

**Federal Award Information**

**11. Award Number**

6 NU50CK000511-05-17

**12. Unique Federal Award Identification Number (FAIN)**

NU50CK000511

**13. Statutory Authority**

301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

**14. Federal Award Project Title**

2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)

**15. Assistance Listing Number**

93.323

**16. Assistance Listing Program Title**

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

**17. Award Action Type**

Administrative Action

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	08/01/2023	<b>- End Date</b>	03/24/2025
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
<b>21. Authorized Carryover</b>			\$30,575,982.00
<b>22. Offset</b>			\$1,216,984.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$9,273,194.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$9,273,194.00
<b>26. Period of Performance Start Date</b>	08/01/2019	<b>- End Date</b>	03/24/2025
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>			\$791,009,188.86

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Percy Jernigan

**30. Remarks**

Department Authority



Recipient Information
<b>Recipient Name</b> ARIZONA DEPARTMENT OF HEALTH SERVICES 150 N 18th Ave Phoenix, AZ 85007-3232 [NO DATA]
<b>Congressional District of Recipient</b> 07
<b>Payment Account Number and Type</b> 1866004791A7
<b>Employer Identification Number (EIN) Data</b> 866004791
<b>Universal Numbering System (DUNS)</b> 804745420
<b>Recipient's Unique Entity Identifier (UEI)</b> QMWUG1AMYF65
<b>31. Assistance Type</b> Cooperative Agreement
<b>32. Type of Award</b> Other

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$9,861,440.00
b. Fringe Benefits	\$4,362,863.00
c. Total Personnel Costs	\$14,224,303.00
d. Equipment	\$2,256,437.00
e. Supplies	\$5,584,766.00
f. Travel	\$155,353.00
g. Construction	\$0.00
h. Other	\$3,399,574.00
i. Contractual	\$12,575,902.00
<b>j. TOTAL DIRECT COSTS</b>	<b>\$38,196,335.00</b>
<b>k. INDIRECT COSTS</b>	<b>\$2,869,825.00</b>
<b>l. TOTAL APPROVED BUDGET</b>	<b>\$41,066,160.00</b>
<b>m. Federal Share</b>	<b>\$41,066,160.00</b>
<b>n. Non-Federal Share</b>	<b>\$0.00</b>

34. Accounting Classification Codes							
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION	
0-9390F7F	19NU50CK000511C4	CK	41.51	93.323	\$0.00	75-X-0140	
0-9390EW3	19NU50CK000511C3	CK	41.51	93.323	\$0.00	75-20-0944	
0-9390EPX	19NU50CK000511CV	CK	41.51	93.323	\$0.00	75-2022-0943	
1-9390GKT	19NU50CK000511EEXC5	CK	41.51	93.323	\$0.00	75-2122-0140	



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU50CK000511-05-17

FAIN# NU50CK000511

Federal Award Date: 03/24/2025

**Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

# AWARD ATTACHMENTS

ARIZONA DEPARTMENT OF HEALTH SERVICES

6 NU50CK000511-05-17

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1. REVISED: TERMS AND CONDITIONS

## **TERMS AND CONDITIONS OF AWARD**

**Termination:** The purpose of this amendment is to terminate the use of any remaining COVID-19 funding associated with this award. The termination of this funding is for cause. HHS regulations permit termination if “the non-Federal entity fails to comply with the terms and conditions of the award”, or separately, “for cause.” The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of use of funding under the listed document number(s) is effective as of the date set out in your Notice of Award.

Impacted document numbers are included on page 2 of this Notice of Award (NoA).

No additional activities can be conducted, and no additional costs may be incurred, as it relates to these funds. Unobligated award balances of COVID-19 funding will be de-obligated by CDC. Award activities under other funding may continue consistent with the terms and conditions of the award.

**Final Federal Financial Report (FFR, SF-425):** Within 30 days please submit final FFR’s for impacted document numbers. The FFR should only include those funds authorized and expended during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Payment Management System (PMS), you will be required to update your reports to PMS accordingly.

**All other terms and conditions of this award remain in effect.**

# **EXHIBIT D**



**Recipient Information**

**1. Recipient Name**

Arizona Department of Health  
150 N 18th Ave  
Phoenix, AZ 85007-3232  
[NO DATA]

**2. Congressional District of Recipient**

07

**3. Payment System Identifier (ID)**

1866004791A7

**4. Employer Identification Number (EIN)**

866004791

**5. Data Universal Numbering System (DUNS)**

804745420

**6. Recipient's Unique Entity Identifier**

**7. Project Director or Principal Investigator**

Sheila M Sjolander  
sheila.sjolander@azdhs.gov  
602-542-2818

**8. Authorized Official**

Ms. Lora Andrikopoulos  
Grants Manager  
lora.andrikopoulos@azdhs.gov  
480-389-9026

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Mr. John McGee  
Grants Management Specialist  
qsj4@cdc.gov  
404-498-4348

**10. Program Official Contact Information**

Ms. Christine Graaf  
khx2@cdc.gov  
404-498-0442

**Federal Award Information**

**11. Award Number**

1 NH75OT000005-01-00

**12. Unique Federal Award Identification Number (FAIN)**

NH75OT000005

**13. Statutory Authority**

317(K)(2) OF PHSA 42USC 247B(K)(2)

**14. Federal Award Project Title**

Covid-19 Health Disparities

**15. Assistance Listing Number**

93.391

**16. Assistance Listing Program Title**

Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises

**17. Award Action Type**

New

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	06/01/2021	<b>- End Date</b>	05/31/2023
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$34,603,661.00
20a. Direct Cost Amount			\$34,603,661.00
20b. Indirect Cost Amount			\$0.00
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$0.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$34,603,661.00
<b>26. Project Period Start Date</b>	06/01/2021	<b>- End Date</b>	05/31/2023
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>			Not Available

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Ms. Shirley K Byrd  
Grants Management Officer

**30. Remarks**



<b>Recipient Information</b>
<b>Recipient Name</b> Arizona Department of Health 150 N 18th Ave Phoenix, AZ 85007-3232 [NO DATA]
<b>Congressional District of Recipient</b> 07
<b>Payment Account Number and Type</b> 1866004791A7
<b>Employer Identification Number (EIN) Data</b> 866004791
<b>Universal Numbering System (DUNS)</b> 804745420
<b>Recipient's Unique Entity Identifier</b> Not Available
<b>31. Assistance Type</b> Project Grant
<b>32. Type of Award</b> Other

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$469,856.00
b. Fringe Benefits	\$187,942.00
c. Total Personnel Costs	\$657,798.00
d. Equipment	\$0.00
e. Supplies	\$12,926.00
f. Travel	\$11,083.00
g. Construction	\$0.00
h. Other	\$55,400.00
i. Contractual	\$33,866,454.00
<b>j. TOTAL DIRECT COSTS</b>	<b>\$34,603,661.00</b>
<b>k. INDIRECT COSTS</b>	<b>\$0.00</b>
<b>l. TOTAL APPROVED BUDGET</b>	<b>\$34,603,661.00</b>
m. Federal Share	\$34,603,661.00
n. Non-Federal Share	\$0.00

<b>34. Accounting Classification Codes</b>					
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H06	21NH75OT000005C5	OT	41.51	\$34,603,661.00	75-2122-0140



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 1 NH75OT000005-01-00

FAIN# NH75OT000005

Federal Award Date: 05/26/2021

**Direct Assistance**

<b>BUDGET CATEGORIES</b>	<b>PREVIOUS AMOUNT (A)</b>	<b>AMOUNT THIS ACTION (B)</b>	<b>TOTAL (A + B)</b>
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

# AWARD ATTACHMENTS

Arizona Department of Health

1 NH75OT000005-01-00

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1. Terms and Conditions

**Recipient:** Arizona Department of Health Services

**AWARD INFORMATION**

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-OT21-2103, entitled National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities, and application dated April 30, 2021, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Approved Funding:** Funding in the amount of \$34,603,661 is approved for a two year performance and budget period, which is June 1, 2021 through May 31, 2023. All future funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

**Component/Project Funding:** The NOFO provides for the funding of multiple components under this award. The approved component funding levels for this notice of award are:

<b>NOFO Component</b>	<b>Amount</b>
Base funding	\$30,909,534
State Rural Carveout	\$3,694,127

**Coronavirus Disease 2019 (COVID-19) Funds:** A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with

guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

**Financial Assistance Mechanism:** Grant

**Pre-Award Costs:** Pre-award costs dating back to March 15, 2021 – and directly related to the COVID-19 outbreak response are allowable.

#### **FUNDING RESTRICTIONS AND LIMITATIONS**

##### **Indirect Costs:**

Indirect costs are not approved for this award, because indirect costs were not requested or an approved Indirect Cost Rate Agreement has not been established. To have indirect costs approved for this grant, submit an approved indirect cost rate agreement to the grants management specialist no later than September 30, 2021.

#### **REPORTING REQUIREMENTS**

**Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS):** Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, 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 CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services  
John McGee, Grants Management Specialist  
Centers for Disease Control and Prevention  
Global Health Services Branch  
2939 Flowers Road  
Atlanta, GA 30341  
Email: [qsj4@cdc.gov](mailto:qsj4@cdc.gov) (Include “Mandatory Grant Disclosures” in subject line)

AND

U.S. Department of Health and Human Services  
Office of the Inspector General  
ATTN: Mandatory Grant Disclosures, Intake Coordinator  
330 Independence Avenue, SW  
Cohen Building, Room 5527  
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or  
Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

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 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

#### **PAYMENT INFORMATION**

*The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to [hhstips@oig.hhs.gov](mailto:hhstips@oig.hhs.gov) or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.*

**Payment Management System Subaccount:** Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified on the bottom of Page 1 of the Notice of Award must be known in order to draw down funds.

#### **PROGRAM OR FUNDING SPECIFIC CLOSEOUT REQUIREMENTS**

The final programmatic report format required is the following.

**Final Performance Progress and Evaluation Report:** This report should include the information specified in the NOFO and is submitted 90 days following the end of the period of performance via [www.grantsolutions.gov](http://www.grantsolutions.gov). At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.

- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

Additional guidance may be provided by the GMS and found at:

<https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html>

## CDC Staff Contacts

**Grants Management Specialist:** The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

**Program/Project Officer:** The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

**Grants Management Officer:** The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

# **EXHIBIT E**



August 10, 2023

Siman Qaasim, MBA  
ADHS Health Equity Administrator  
Arizona Department of Health Services  
150 North 18<sup>th</sup> Avenue  
Phoenix, AZ 85007

Dear Ms. Qaasim,

On Monday, July 10, through Thursday, July 13, 2023, Arizona Department of Health Services (ADHS) staff participated in a programmatic site visit of the OT21-2103 National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities grant. The site visit was conducted by a member of staff from the Centers for Disease Control and Prevention (CDC). Enclosed is a copy of the site visit report. We appreciate the cooperation extended to the site visit reviewer by the Arizona Department of Health Services.

Sincerely,

*Quinney Harris*  
Public Health Advisor  
Capacity Building and Strategic Resource Management Branch  
Division of Jurisdictional Support  
National Center for STLT Public Health Infrastructure and  
Workforce  
U.S. Centers for Disease Control and Prevention  
(CDC)

Enclosures

cc: April Bankston, National Center for STLT Public Health Infrastructure and Workforce, CDC  
Lisa DeBouse, Office of Financial Resources, CDC  
Chavon Woods, Senior Program Administrator, ADHS

## Site Visit Report – Arizona Department of Health Services, Grant #: NH75OT000005

**Conducted by:** Quinney Harris

**Location:** Arizona – Phoenix, Benson, Florence, Flagstaff, and Grand Canyon

**Date(s):** July 10 - 13, 2023

### I. Purpose

- Observe program implementation and promising practices at the Arizona Department of Health Services (ADHS) for the OT21-2103 National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities (which will be referred to as OT21-2103 for the remainder of the report).
- Meet key ADHS staff and partners, share programmatic updates and next steps to develop a greater understanding of ADHS’s program, progress, successes, challenges, and context through:
  - Briefings to better understand the activities outlined in the four strategy areas of the ADHS’s work plan
  - Field visits to communities across the state to meet local stakeholders and observe the work in action
  - Informal discussions with key staff and partners to better understand history, regional context, and major public health priorities
- Provide live technical assistance to the ADHS staff on grant administration and health equity operationalization
- Promote collaboration opportunities with the Centers for Disease Control and Prevention’s (CDC) centers, institutes, and offices and OT21-2103 National TA partners

### II. Dates, Places and Programs Visited

<b>Monday July 10, 2023</b>		
10:00 am	<p><b>OT21-2103 Programmatic Update</b></p> <p><b>Lead:</b> Quinney Harris, Public Health Advisor</p> <p><b>Goal:</b> Provide an update on CDC Moving Forward, Public Health Infrastructure Center, and OT21-2103 accomplishments to date</p>	<p>Other Attendees:</p> <ul style="list-style-type: none"> <li>• Sheila Sjolander, Deputy Director of Public Health Services</li> <li>• Tenneh Turner-Warren, Chief, Office of Chronic Disease and Population Health</li> <li>• Teresa Manygoats, Bureau Chief, Chronic Disease &amp; Health Promotion/State Chronic Disease Director</li> <li>• Antonio Hernandez, Community Integration Officer</li> <li>• Daniel Rodriguez-Guzman, Diabetes Program Manager</li> <li>• Benjamin Mesnik, Workforce Development Program Manager</li> <li>• Carin Watts, Health Disparities Program Manager</li> <li>• Gerilene Haskon, Tribal Liaison</li> <li>• Holly Starr, Data Equity Coordinator</li> <li>• Jessie Barbosa, Vaccine Equity Program Manager</li> <li>• Josue Barboza, GIS Analyst</li> <li>• Ken Klein, Finance &amp; Contract Specialist</li> </ul>
10:30 am	<p><b>Overview of the Arizona Department of Health Services, Office of Health Equity</b></p> <p><b>Lead:</b> Siman Qaasim, ADHS Health Equity Administrator</p> <p><b>Goal:</b> Provide an overview of the ADHS Office of Health Equity. Outline how the Health Disparities grant has helped ADHS build infrastructure and embed health equity in the work of the department.</p>	

<p>11:00 am</p>	<p><b>Overview of ADHS 2103 Health Disparities Grant Activities</b></p> <p><b>Lead:</b> Chavon Woods, Senior Program Administrator</p> <p><b>Goal:</b> Provide high-level updates of grant activities that the Office of Health Equity staff are leading.</p>	<p>Location: <i>Arizona Department of Health Services, Phoenix, AZ</i></p>
<p>2:00 pm</p>	<p><b>Virtual Site Visit with La Paz County Health Department</b></p> <p><b>Lead:</b> Chavon Woods, Senior Program Administrator</p> <p><b>Goal:</b> Provide an overview of needs and assets in La Paz County (ADHS subrecipient) and highlight challenges and successes for Strategy 2 and 3 workplan activities.</p>	<p>Other Attendees:</p> <ul style="list-style-type: none"> <li>• Marion Shontz, La Paz County Health Director</li> <li>• Stephanie McDowell, Medical Outreach Facilitator</li> <li>• Melanie Sarino, Epidemiologist</li> <li>• Carmen Gonzalez, Community Health Worker Supervisor</li> <li>• La Paz County Health Department Community Health Workers</li> <li>• Duce Minor, District 2 Supervisor, La Paz County Board of Supervisors</li> </ul> <p>Location: <i>Arizona Department of Health Services, Phoenix, AZ</i></p>
<p><b>Tuesday June 11, 2023</b></p>		
<p>10:30 am</p>	<p><b>Site Visit with Arizona Center for Rural Health (AzCRH) - housed in the University of Arizona Mel &amp; Enid Zuckerman College of Public Health</b></p> <p><b>Lead:</b> Dr. Mona Arora, Principal Investigator, AzCRH</p> <p><b>Goal:</b> Share an overview of Advancing Health Equity, Addressing Disparities in Arizona (AHEAD AZ), an AzCRH program funded through ADHS to support OT21-2103 Strategies 1 and 4.</p>	<p>Other Attendees:</p> <ul style="list-style-type: none"> <li>• Chavon Woods, Senior Program Administrator</li> <li>• Ken Klein, Finance &amp; Contract Specialist</li> <li>• Micah Mortensen, Superintendent, Benson Unified School District</li> <li>• Dr. Daniel Derksen, Director, AzCRH (virtual)</li> <li>• Joyce Hospodar, Sr Advisor, Rural Programs, AzCRH</li> <li>• Ann Garn, Manager Marketing and Outreach, AzCRH</li> <li>• Jennifer Peters, Rural Programs Manager, AzCRH</li> <li>• Dr. Steve Rains, Professor, College of Social &amp; Behavioral Sciences (virtual)</li> <li>• Dr. Kathleen Walker, Assistant Specialist, University of Arizona Cooperative Extension (virtual)</li> <li>• Dr. Sheila Soto, Principal Investigator, MOVE UP Program, University of Arizona</li> <li>• Dr. Tania Felix, Program Coordinator, MOVE UP Program, University of Arizona</li> <li>• Christy Crowley, Program Manager, Easterseals – Sunshine House</li> <li>• Jason Zibart, Community Connected Health Manager, Benson Hospital</li> <li>• Amanda Osuna, Executive Director of Outpatient Services, Benson Hospital</li> </ul>

		<ul style="list-style-type: none"> <li>• Ashley Dickey, Executive Director of HR &amp; Marketing, Benson Hospital</li> <li>• Dr. Kate Ellingson, Principal Investigator, Farmworker Enumeration Program (virtual)</li> <li>• Priscilla Ruedas, Program Coordinator, Farmworker Enumeration Program (virtual)</li> <li>• Dr. Nirav Merchant, Director, Data Science Institute (virtual)</li> <li>• Wesley Babers, CEO, White Mountain Regional Medical Center Clinic Home Visit Program (virtual)</li> <li>• Other AzCRH staff and partners</li> </ul> <p>Location: <i>Maldonado Center, Benson Unified School District, Benson, AZ</i></p>
1:00 pm	<p><b>Tour of Sunshine House and MOVE UP Mobile Health Unit</b></p> <p><b>Lead (Sunshine House):</b> Christy Crowley, Program Manager</p> <p><b>Lead (MOVE UP Mobile Health Unit):</b> Dr. Sheila Soto, Principal Investigator and Dr. Tania Felix, Program Coordinator</p> <p><b>Goal:</b> Highlight innovative programs and partnerships that AzCRH partners are implementing to address COVID-19 and social determinants of health in communities across Southern Arizona.</p>	<p>Other Attendees:</p> <ul style="list-style-type: none"> <li>• Chavon Woods, Senior Program Administrator</li> <li>• Ken Klein, Finance &amp; Contract Specialist</li> <li>• Dr. Mona Arora, Principal Investigator, AzCRH</li> <li>• Joyce Hospodar, Sr Advisor, Rural Programs, AzCRH</li> <li>• Ann Garn, Manager Marketing and Outreach, AzCRH</li> <li>• Jennifer Peters, Rural Programs Manager, AzCRH</li> <li>• Jason Zibart, Community Connected Health Manager, Benson Hospital</li> <li>• Amanda Osuna, Executive Director of Outpatient Services, Benson Hospital</li> <li>• Ashley Dickey, Executive Director of HR &amp; Marketing, Benson Hospital</li> <li>• Other AzCRH staff and partners</li> </ul> <p>Location: <i>Sunshine House, Benson, AZ</i></p>
4:00 pm	<p><b>Site Visit with Florence Viney Jones Community Library</b></p> <p><b>Lead:</b> Laura Schweers, Program Management Assistant, AzCRH</p> <p><b>Goal:</b> Provide an overview of the Arizona Library Association’s partnership with AzCRH to support rural libraries.</p>	<p>Other Attendees:</p> <ul style="list-style-type: none"> <li>• Lisa Lewis, Library Manager, Florence Library &amp; President, Arizona Library Association</li> <li>• Rachel Merrell, Librarian, Florence Library</li> <li>• Chavon Woods, Senior Program Administrator</li> <li>• Ken Klein, Finance &amp; Contract Specialist</li> <li>• Dr. Mona Arora, Principal Investigator, AzCRH</li> <li>• Ann Garn, Manager Marketing and Outreach, AzCRH</li> </ul> <p>Location: <i>Florence Library, Florence, AZ</i></p>
<b>Wednesday July 12, 2023</b>		
9:30 am	<p><b>Site Visit with Coconino County Health and Human Services</b></p>	<p>Other Attendees:</p> <ul style="list-style-type: none"> <li>• Chavon Woods, Senior Program Administrator</li> <li>• Tracilynn Carl, Community Health Worker</li> </ul>

	<p><b>Lead:</b> Tiffany Kerr, Health Disparities Program Manager</p> <p><b>Goal:</b> Provide an update of the overall work in Coconino County (ADHS subrecipient) and highlight challenges and successes for Strategy 1, 3, and 4 activities.</p>	<p>Location: <i>Coconino County Health and Human Services, Flagstaff, AZ</i></p>
1:30 pm	<p><b>Grand Canyon Food Pantry Visit &amp; Presentation</b></p> <p><b>Lead:</b> Michael Scott, President</p> <p><b>Goal:</b> Provide an overview of the Grand Canyon Food Pantry Health Disparities Grant Status, including broader issues affecting food insecurity, history of the organization, funding and staffing, client base, and 2023-2024 planned grant usage.</p>	<p>Other Attendees:</p> <ul style="list-style-type: none"> <li>• Chavon Woods, Senior Program Administrator</li> <li>• Tiffany Kerr, Health Disparities Program Manager</li> <li>• Tracilynn Carl, Community Health Worker</li> </ul> <p>Location: <i>Grand Canyon Community Recreation Center, Grand Canyon Village, AZ</i></p>
<b>Thursday July 13, 2023</b>		
9:00 am	<p><b>Overview of Arizona Advisory Council on Indian Health Care (AACIHC)</b></p> <p><b>Lead:</b> Alison Lovell, Grants Manager &amp; Interim Director</p> <p><b>Goal:</b> Share an update on AACIHC, an independent state agency funded through ADHS to support OT21-2103 Strategies 1, 2, and 3.</p>	<p>Other Attendees:</p> <ul style="list-style-type: none"> <li>• Chavon Woods, Senior Program Administrator</li> <li>• Summer Hassan, Program Specialist</li> <li>• Keye Garman, Epidemiologist</li> </ul> <p>Location: <i>Arizona Department of Health Services, Phoenix, AZ</i></p>
1:00 pm	<p><b>Site Visit Debrief</b></p> <p><b>Lead:</b> Quinney Harris, Public Health Advisor</p> <p><b>Goal:</b> Provide feedback to recipient's leadership on noticeable observations and technical assistance action items to be included in the final site visit report.</p>	<p>Other Attendees:</p> <ul style="list-style-type: none"> <li>• Siman Qaasim, ADHS Health Equity Administrator</li> <li>• Chavon Woods, Senior Program Administrator</li> </ul> <p>Location: <i>Arizona Department of Health Services, Phoenix, AZ</i></p>

### III. Background and Existing Key Issues

- Arizona is the 6<sup>th</sup> largest U.S. state by land area. Additionally, three of the top ten largest counties in the U.S. by land area are in Arizona. Coconino County is the second largest county in the U.S.: it was the focus of the site visit on Wednesday, July 12<sup>th</sup>. Mohave and Apache Counties are the fifth and sixth largest counties respectively. Geographically, these counties are each larger than eight US states: Rhode Island, Delaware, Connecticut, New Jersey, New Hampshire, Vermont, Massachusetts, and Hawaii. The large size of Arizona’s counties presents several challenges for rural Arizonans, including transportation barriers, food deserts/limited access to healthy food, and difficulty accessing health services. Rural Arizona also had alarming disparities in infection, hospitalization, and deaths during the COVID-19 pandemic for American Indian, Latino, African American, and elderly populations.
- Of Arizona’s 114,000 square miles, 55% is federal and state government land, and 28% is owned by 22 federally recognized American Indian tribes. Four counties in Southern Arizona also share Arizona’s 377-mile international border with Mexico.
- The statewide OT21-2103 project administered by ADHS has a specific focus on rural Arizona. The agency’s key partners for the project include rural county health departments, the Arizona Community Health Workers Association, and the University of Arizona Center for Rural Health (Arizona’s State Office of Rural Health).
- The Arizona Advisory Council on Indian Health Care (AACIHC)\* was established as an independent state agency following a disagreement between Arizona’s tribal nations and the state of Arizona over Medicaid benefits and equitable healthcare access. Per [A.R.S. 36-2902.01](#), the AACIHC was established to give tribal governments, tribal organizations and urban Indian health care organizations in the state of Arizona representation in shaping Medicaid and health care policies and laws that impact the populations they serve.†
- Some of the major challenges the ADHS is working to overcome include the following:
  - The ADHS received \$34,603,661 in funding for two years through OT21-2103, and they received \$26,518,938 in funding for five years through the OE22-2203 Public Health Infrastructure grant. This is a reduction of \$8,084,723 with three additional years of funding. Because of this, the agency has expressed concerns about their ability to adequately sustain their initiatives in rural Arizona and the potential for funders to inadvertently exacerbate health disparities between urban and rural Arizonans given the abundance of resources in Maricopa and Pima Counties.
  - The ADHS collaborated with the Maricopa County Department of Public Health and the Pima County Health Department to establish a Health Equity Learning Collaborative/Community of Practice in the state of Arizona. They encountered several roadblocks at the beginning of the project, including uneven participation from their partners outside of the Phoenix Metropolitan Area. They are now rotating the in-person meetings between the three major metropolitan regions in the state (i.e., Phoenix, Tucson, and Flagstaff), and this has been an effective strategy to increase partner engagement in the community of practice.

### IV. Outcomes and Observations

1. The Office of Health Equity at Arizona Department of Health Services has achieved substantial wins with their OT21-2103 funds, and they have been able to build internal capacity by bringing on new staff and establishing a strong relationship with the State of Arizona’s Diversity, Equity, Inclusion and Accessibility Director.
2. The Arizona Department of Health Services has played a critical role in building a statewide collaborative model that fuels innovation and peer connections across the state. A few examples that were highlighted during the site visit include:

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\* AACIHC shared an update on their OT21-2103 activities during the morning of Thursday, July 13<sup>th</sup>.

† Retrieved from the Arizona Advisory Council on Indian Health Care website on July 31, 2023: [Advisory Council | Arizona Advisory Council on Indian Health Care \(az.gov\)](#)

- The Health Equity Learning Collaborative/Community of Practice spearheaded by the three 2103 recipients in the state: Arizona Department of Health Services, Maricopa County Department of Public Health, and Pima County Health Department.
  - The Community of Practice for the [AZ Librarians Enhancing Resilience in Rural Communities Initiative](#), which supports 16 rural and small libraries across the state of Arizona in community efforts to enhance local resilience, address inequities, and build community cohesion.
  - The [Arizona Health Equity Organizational Assessment Collaborative](#), which is a partnership between the Arizona Hospital and Healthcare Association and key stakeholders statewide to address healthcare disparities in rural Arizona hospitals, federally qualified health centers, and post-acute care facilities.
  - The Data Advisory Committee (DAC), which was established based on the Arizona Health Improvement Plan. The DAC is supporting the work of Strategy 2 in ADHS's work plan.
3. The Arizona Department of Health Services excels at braiding and blending funding and finding areas of synergy for funded programs. A great example of this is the 2103-funded [Arizona Resource Equity & Access Coordination Hub \(AZ REACH\)](#), which was developed based on lessons learned from the COVID-19 pandemic and the [Arizona Surge Line](#).‡ The ADHS team acknowledged that this work is not easy, but it's so worth it.
  4. Stakeholders from Arizona's justice system play a significant role in the Arizona Department of Health Services' work to address social determinants of health in Arizona. The [Justice Reinvestment Fund](#) was mentioned several times during the site visit as a resource for addressing substance use, recidivism, and social issues plaguing the rural and tribal communities being served through ADHS's OT21-2103 project. A Cochise County sheriff's deputy also attended the *Tour of Sunshine House and MOVE UP Mobile Health Unit* on Tuesday, June 11<sup>th</sup> to discuss the dire need for mental health services in Benson, Arizona, and show his appreciation for the programming being provided to their community members through [Sunshine House](#). This work has allowed the ADHS team to leverage additional resources to address health disparities across the state and engage a nontraditional partner in their work to promote health equity.
  5. The Arizona Department of Health Services and their rural county health department partners face unique challenges due to the size, demographics, weather, international border, and seasonal tourism trends of the state of Arizona. ADHS and its partners are employing several evidence-based strategies to overcome these challenges. Here are a few takeaways from the site visit:
    - During the *Virtual Site Visit with La Paz County Health Department* on Monday, July 10<sup>th</sup>, it was shared that La Paz County is the 13<sup>th</sup> oldest county in the United States out of 3,143 counties: the median age for residents is 57.4 years old. The county's population also blooms from roughly 21,000 people year-round to over 250,000 people during the winter months when sunseekers from the US and Canada travel south to camp in the Sonoran Desert. These circumstances really stretch the county's local health system and became [national news](#) during the height of the COVID-19 pandemic. During the meeting, Duce Minor, a member of La Paz County Board of Supervisors, also shared that the Community Health Worker program is a point of pride for La Paz County. Community Health Workers have helped tremendously to address the numerous problems facing the county, such as healthcare access, social isolation, homelessness, substance abuse, suicide, and financial insecurity.
    - During the *Overview of ADHS 2103 Health Disparities Grant Activities* on Monday, July 10<sup>th</sup>, the Arizona Department of Health Services provided an update on their work to create a modified Social Vulnerability Index (SVI) that is tailored to the health, environment, socioeconomics, and demographics of Arizona - the AZ SVI. This work is being done in partnership with Arizona State University and the Data Advisory Committee and will build upon CDC's baseline SVI to include the following Arizona-specific indicators:

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‡ The Arizona Surge Line was funded from state emergency funds and federal grants including the CARES Act CFDA21.019

housing burden, social services/food insecurity, population density, environmental features, distance/access to healthcare, built infrastructure, and broadband/telecommunications.

- During the *Site Visit with Coconino County Health and Human Services* on Wednesday, July 12<sup>th</sup>, their team shared that transportation is one of the biggest barriers in Coconino County. For context, the county is the second largest in the U.S. by land area, and it is 39% rural with five tribes—Navajo, Hopi, Havasupai, Hualapai, and Kaibab Paiute—located within its borders. Community members in the northern part of the county often travel long distances (i.e., 2-3 hours each way) to access essential services in Flagstaff and Tuba City. § To overcome this and other unique challenges in their large county, the Coconino County Health Disparities project focuses on resource navigation, food security, internet access, transportation, and shelter. To date, their team has provided 71,741 food boxes, 66,003 hot meals, 6,709 bus passes, and 252 gas vouchers to county residents in need along with other resources.

## V. Recommendations and Next Steps

### 1. ADHS Senior Leadership

- The Arizona Department of Health Services has established an extensive network of partnerships through OT21-2103. Consider developing a network map to visualize your connections across the state of Arizona to assist with improving the manageability and integration of your partnerships. During the OT21-2103 Spring Symposium earlier this year, Wake County Health and Human Services (WCHHS) highlighted the network map their team created for their jurisdiction, and it was shared that their team observed meaningful integration of partnerships resulting from the development of the tool. To connect with WCHHS and learn more about this initiative, email the Project Officer at [tfe5@cdc.gov](mailto:tfe5@cdc.gov) to initiate the introduction.
- The Arizona Department of Health Services has robust partnerships with academic institutions in the state. Explore the benefits of establishing an official academic health department partnership. Also, consider connecting with your counterparts at the New Mexico Department of Health (NMDOH) to learn more about their work with Activity 4.2: *Develop Academic Health Department Partnerships with New Mexico's institutions of higher learning*. The goal of this partnership is to bridge the gap between practice-based public health and public health academia, to improve population health. The current partnership has been very successful and increased the NMDOH capacity in the areas of training, monitoring and evaluation, implementing evidence-based strategies, and internships. To connect with NMDOH and learn more about this initiative, email the Project Officer at [tfe5@cdc.gov](mailto:tfe5@cdc.gov) to initiate the introduction.
- Consider developing [success stories](#) to share the great work happening across the state of Arizona. The Project Officer can assist you with brainstorming success story topics. Email him at [tfe5@cdc.gov](mailto:tfe5@cdc.gov) for ideas and suggestions.
- The Senior Program Administrator working on the Arizona Department of Health Services' OT21-2103 grant manages a large portfolio of highly visible, time-intense, and high-dollar resourced projects that includes the OT21-2103 COVID-19 Health Disparities Grant, Public Health Infrastructure Grant (PHIG), Marijuana Education and Outreach, Marijuana Expungement, and Justice Reinvestment. Given the magnitude of responsibilities that are required for managing and executing this very comprehensive portfolio, it is suggested that ADHS explore ways to ensure the appropriate elevation of this position. One of the core goals of CDC's *Center for Public Health Infrastructure* is striving to make sure that the public health workforce has the tools and resources to work at the highest capacity. Therefore, ADHS is encouraged to reward and support these efforts and the extremely impressive work\*\* accomplished to date, which includes looking for optimal ways to ease the workload to prevent employee burnout.

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§ The closest [Indian Health Service facility](#) for Coconino County residents is located in Tuba City.

\*\* The ADHS OT21-2103 project has over 80 activities, and the Senior Program Administrator consistently provides detailed, top-

## 2. Arizona Center for Rural Health

- K-12 schools play a key role in rural and tribal communities as a major anchor institution with direct access to community members. Identify opportunities to engage school districts in community outreach for the [AZHEALTHTXT Program](#) and other AHEAD AZ programs where appropriate.

## 3. Action Items

- Please email the following documents to the Project Officer at [tfe5@cdc.gov](mailto:tfe5@cdc.gov):
  - ADHS organizational chart with staff demographics
  - 2022 ADHS Annual Report and/or Strategic Plan
- Please provide the Project Officer a copy of the *Overview of the Arizona Department of Health Services, Office of Health Equity* and *Overview of ADHS 2103 Health Disparities Grant Activities* PowerPoint presentations from Day 1 of the site visit.

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notch work. She has also shown leadership by taking the initiative to connect with her peers and offer training and TA ideas to the Project Officer for the project.

# **EXHIBIT F**



**Recipient Information**

**1. Recipient Name**

ARIZONA DEPARTMENT OF HEALTH SERVICES  
150 N 18th Ave  
Phoenix, AZ 85007-3232  
[NO DATA]

**2. Congressional District of Recipient**

07

**3. Payment System Identifier (ID)**

1866004791A7

**4. Employer Identification Number (EIN)**

866004791

**5. Data Universal Numbering System (DUNS)**

804745420

**6. Recipient's Unique Entity Identifier (UEI)**

QMWUGIAMYF65

**7. Project Director or Principal Investigator**

Reginald Williams  
Administrator  
reginald.williams@azdhs.gov  
480.486.2247

**8. Authorized Official**

Ms. Lora Andrikopoulos  
Grants Manager  
lora.andrikopoulos@azdhs.gov  
480-389-9026

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Ms. Kimberly Champion  
Grants Management Specialist  
qrf9@cdc.gov  
(404) 498-4229

**10. Program Official Contact Information**

Mr. Quinney Harris  
Program Officer  
tfe5@cdc.gov  
404-498-0591

**Federal Award Information**

**11. Award Number**

6 NH75OT000005-01-07

**12. Unique Federal Award Identification Number (FAIN)**

NH75OT000005

**13. Statutory Authority**

317(K)(2) OF PHSA 42USC 247B(K)(2)

**14. Federal Award Project Title**

Covid-19 Health Disparities

**15. Assistance Listing Number**

93.391

**16. Assistance Listing Program Title**

Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises

**17. Award Action Type**

Terminate

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	06/01/2021	<b>- End Date</b>	03/24/2025
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$34,603,661.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$34,603,661.00
<b>26. Period of Performance Start Date</b>	06/01/2021	<b>- End Date</b>	03/24/2025
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>			\$34,603,661.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Mrs. Erica Stewart  
Team Lead, Grants Management Officer

**30. Remarks**

Department Authority



Recipient Information
<b>Recipient Name</b> ARIZONA DEPARTMENT OF HEALTH SERVICES 150 N 18th Ave Phoenix, AZ 85007-3232 [NO DATA]
<b>Congressional District of Recipient</b> 07
<b>Payment Account Number and Type</b> 1866004791A7
<b>Employer Identification Number (EIN) Data</b> 866004791
<b>Universal Numbering System (DUNS)</b> 804745420
<b>Recipient's Unique Entity Identifier (UEI)</b> QMWUG1AMYF65
<b>31. Assistance Type</b> Project Grant
<b>32. Type of Award</b> Other

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$469,856.00
b. Fringe Benefits	\$187,942.00
c. Total Personnel Costs	\$657,798.00
d. Equipment	\$0.00
e. Supplies	\$12,926.00
f. Travel	\$11,083.00
g. Construction	\$0.00
h. Other	\$55,400.00
i. Contractual	\$33,866,454.00
<b>j. TOTAL DIRECT COSTS</b>	<b>\$34,603,661.00</b>
<b>k. INDIRECT COSTS</b>	<b>\$0.00</b>
<b>l. TOTAL APPROVED BUDGET</b>	<b>\$34,603,661.00</b>
<b>m. Federal Share</b>	<b>\$34,603,661.00</b>
<b>n. Non-Federal Share</b>	<b>\$0.00</b>

34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H06	21NH75OT000005C5	OT	41.51	93.391	\$0.00	75-2122-0140



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH75OT000005-01-07

FAIN# NH75OT000005

Federal Award Date: 03/24/2025

**Direct Assistance**

<b>BUDGET CATEGORIES</b>	<b>PREVIOUS AMOUNT (A)</b>	<b>AMOUNT THIS ACTION (B)</b>	<b>TOTAL (A + B)</b>
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

# AWARD ATTACHMENTS

ARIZONA DEPARTMENT OF HEALTH SERVICES

6 NH75OT000005-01-07

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1. NH75OT000005--Terms and Conditions

## TERMS AND CONDITIONS OF AWARD

**Termination:** The purpose of this amendment is to terminate this award which is funded by COVID-19 supplemental appropriations. The termination of this award is for cause. HHS regulations permit termination if “the non-Federal entity fails to comply with the terms and conditions of the award”, or separately, “for cause.” The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of this award is effective as of the date set out in your Notice of Award.

No additional activities can be conducted, and no additional costs may be incurred. Unobligated award balances will be de-obligated by CDC.

**Closeout:** In order to facilitate an orderly closeout, we are requesting that you submit all closeout reports identified below within thirty (30) days of the date of this NoA. Submit the documentation as a “Grant Closeout” amendment in GrantSolutions. The reporting timeframe is the full period of performance. Please note, if you fail to submit timely and accurate reports, CDC may also pursue other enforcement actions per 45 CFR Part 75.371.

**Final Performance/Progress Report:** This report should include the information specified in the Notice of Funding Opportunity (NOFO). At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

**Final Federal Financial Report (FFR, SF-425):** The FFR should only include those funds authorized and expended during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Payment Management System (PMS), you will be required to update your reports to PMS accordingly.

**Equipment and Supplies - Tangible Personal Property Report (SF-428):** A completed SF-428 detailing all major equipment acquired with a unit acquisition cost of \$10,000 or more. If no equipment was acquired under the award, a negative report is required

# **EXHIBIT G**

1. DATE ISSUED MM/DD/YYYY 06/04/2020

1a. SUPERSEDES AWARD NOTICE dated 06/21/2019 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

2. CFDA NO. 93.268 - Immunization Cooperative Agreements

3. ASSISTANCE TYPE Cooperative Agreement

4. GRANT NO. 6 NH23IP922599-01-01 Formerly

5. TYPE OF AWARD Demonstration

4a. FAIN NH23IP922599

5a. ACTION TYPE Post Award Amendment

6. PROJECT PERIOD MM/DD/YYYY From 07/01/2019 Through 06/30/2024

7. BUDGET PERIOD MM/DD/YYYY From 07/01/2019 Through 06/30/2020

8. TITLE OF PROJECT (OR PROGRAM) CDC-RFA-IP19-1901 Immunization and Vaccines for Children

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention

2939 Brandywine Road  
Atlanta, GA 30341

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)  
Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b, 247b(k)(2) and 247c), as amended.

9a. GRANTEE NAME AND ADDRESS  
Health Services Department  
150 N 18th Ave  
Phoenix, AZ 85007-3232

9b. GRANTEE PROJECT DIRECTOR  
Ms. Dana Goodloe  
1740 W ADAMS STREET  
ARIZONA DEPT OF HLTH SERVICES  
PHOENIX, AZ 85007-2670  
Phone: 602-542-2996

10a. GRANTEE AUTHORIZING OFFICIAL  
Ms. Lora Andrikopoulos  
150 N 18th Ave  
Phoenix, AZ 85007-3232  
Phone: 480-389-9026

10b. FEDERAL PROJECT OFFICER  
Mr. Harry McKnight  
1600 Clifton Rd NE  
Atlanta, GA 30329-4018  
Phone: 404.639.8150

ALL AMOUNTS ARE SHOWN IN USD

<b>11. APPROVED BUDGET (Excludes Direct Assistance)</b>		<b>12. AWARD COMPUTATION</b>	
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from item 11m) 10,903,078.00	
II Total project costs including grant funds and all other financial participation <input type="checkbox"/>		b. Less Unobligated Balance From Prior Budget Periods 0.00	
a. Salaries and WageS	1,405,740.00	c. Less Cumulative Prior Award(s) This Budget Period 7,538,615.00	
b. Fringe Benefits	604,468.00	<b>d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</b> 3,364,463.00	
c. Total Personnel Costs	2,010,208.00	<b>13. Total Federal Funds Awarded to Date for Project Period</b> 10,903,078.00	
d. Equipment	0.00	<b>14. RECOMMENDED FUTURE SUPPORT</b> (Subject to the availability of funds and satisfactory progress of the project):	
e. Supplies	14,206.00	YEAR	TOTAL DIRECT COSTS
f. Travel	87,372.00	a. 2	d. 5
g. Construction	0.00	b. 3	e. 6
h. Other	3,654,580.00	c. 4	f. 7
i. Contractual	4,718,951.00	<b>15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:</b>	
j. TOTAL DIRECT COSTS	10,485,317.00	a. DEDUCTION	
k. INDIRECT COSTS	417,761.00	b. ADDITIONAL COSTS	
<b>l. TOTAL APPROVED BUDGET</b>	10,903,078.00	c. MATCHING	
m. Federal Share	10,903,078.00	d. OTHER RESEARCH (Add / Deduct Option)	
n. Non-Federal Share	0.00	e. OTHER (See REMARKS)	
<b>REMARKS</b> (Other Terms and Conditions Attached - <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)		<b>16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDDING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:</b>	
		a. The grant program legislation	
		b. The grant program regulations.	
		c. This award notice including terms and conditions, if any, noted below under REMARKS.	
		d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.	
		In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.	

GRANTS MANAGEMENT OFFICIAL:

Brownie Anderson-Rana, Grants Management Officer  
2939 Flowers Road  
Mailstop TV2  
Atlanta, GA 30341-5509  
Phone: 770-488-2771

17.OBJ CLASS 41.51	18a. VENDOR CODE 1866004791A7	18b. EIN 866004791	19. DUNS 804745420	20. CONG. DIST. 07
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 0-9390EWQ	b. 19NH23IP922599C3	c. IP	d. \$3,364,463.00	e. 75-2024-0943
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 3	DATE ISSUED 06/04/2020
GRANT NO. 6 NH23IP922599-01-01	

**Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

NOTICE OF AWARD (Continuation Sheet)

PAGE 3 of 3	DATE ISSUED 06/04/2020
GRANT NO. 6 NH23IP922599-01-01	

Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
07/01/2019	06/30/2020	Annual	09/28/2020

**Project Abstract Summary**

1. Project Abstract Summary Arizona Immunization Program April 2019 The Arizona Immunization Program Office (AIPO) will work to fulfill all requirements of the CDC-RFA-IP19-1901 to provide immunization activities for uninsured and underinsured individuals in Arizona. Additionally, AIPO will work with other programs in our agency and in our state to ensure that Arizona is able to respond to any vaccine preventable disease outbreak in our state. The AIPO will follow program guidance provided in the IPOM and the NOFO. Program compliance for our program and for our providers will have a significant focus in this 5 year grant cycle. The activities for chapters regarding program management and sustainability, program effectiveness, vaccine access and management will allow us to ensure that vaccines are available and safe for all participants in the immunization programs. At the same time AIPO will be looking to improve data quality in our registry (ASIIS). The activities for chapters regarding IIS and provider quality improvement will help us to review vaccine coverage levels in Arizona as the data in ASIIS will be more complete and accurate. Additionally, AIPO has worked hard to cultivate and maintain relationships with communities and individuals interested in growing vaccination coverage levels and reducing the risk of vaccine preventable disease in Arizona. The activities related to the chapters on communication, partnership and education, surveillance and outbreak response, perinatal hep B prevention, pan flu preparedness, school vaccination coverage, adolescent immunization and adult immunization all will lead to better immunization coverage in Arizona. Vaccination coverage levels have continued to drop in Arizona school aged children. At the same time fewer eligible children are being vaccinated with the VFC program. This comes from unrealized fears of penalty for program participation. The AIPO will continue to work to combat these fears and get more children, adolescents and adults vaccinated and thereby reduce the risk of the spread of vaccine preventable diseases in Arizona. Abstract Summary: Project BB1 VPD Outbreak Response Recent outbreaks of vaccine preventable diseases (VPDs) in Arizona have highlighted the importance of statewide capacity and partnership building in the public and private sector. Since mid-2018, there has been an ongoing outbreak of hepatitis A among 145 individuals that have risk factors of experiencing homelessness and/or drug use in Pima and Maricopa Counties. More recently, the influx of border crossers has increased instances of mumps and varicella introductions into congregate settings of migrants, including detention centers and shelters. Statewide capacity and partnerships for a more robust public health response are a critical need that the following strategies and activities address. Arizona Department of Health Services (ADHS) will develop capacity to address VPD outbreaks through trainings, protocols, and partnerships. ADHS will partner with The Arizona Partnership for Immunization (TAPI), non-profit statewide coalition, to strengthen VPD response through collaboration. TAPI has been operating as a leading public/private partnership for over 27 years as a national example of best practices in immunization education for routine vaccination. TAPI's systems approach to immunization issues assures buy-in and ensures that everyone is consistent in approaches. These projects will better prepare Arizona's healthcare system for a coordinated response to VPD outbreaks. The proposed period of performance is the first budget period. The expected outcomes to be achieved in the budget period are:
 
  - Improved implementation of statewide immunization activities
  - o Measure: Number of partners trained on implementing a vaccine response (TAPI)
  - Improved readiness to respond to VPD outbreaks
  - o Measure: After-action report from tabletop exercise that identifies areas for improvement
  - Reduced inc

# AWARD ATTACHMENTS

Arizona Department of Health

6 NH23IP922599-01-01

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1. CARES TERMS AND CONDITIONS

## AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number IP19- 1901, entitled Immunization and Vaccines for Children, which is hereby made a part of this Non- research award, hereinafter referred to as the Notice of Award (NoA).

**Supplemental Funding:** Additional funding in the amount \$3,364,463 is approved for the Year 01 budget period, which is July 1, 2019 through June 30, 2020

**COVID-19:** P.L. 116-136, Coronavirus Aid, Relief, and Economic Security Act (CARES Act) Activities

Recipients have **13 months** from the date of this NoA to expend all funds awarded herein

**Budget/Workplan Revision Requirement:** Within 30 days of this NoA, the recipient must submit a revised budget with a narrative justification outlining response activities. Failure to submit the required information in a timely manner may adversely affect the future funding of the project. If the information cannot be provided by the due date, you are required to contact your Project Officer and Grant Management Specialist. The revised budget must be uploaded in GrantSolutions as an amendment to allow issuance of a revised NoA.

**Pre-Award Costs:** Pre-award costs dating back to January 20, 2020 – when CDC first activated its Emergency Operations Center (EOC) – and directly related to the COVID-19 outbreak response are allowable.

**Indirect Costs:** Indirect cost will be approved based on current approved negotiated indirect cost rate agreement.

**Overtime:** Because overtime costs are a very likely and reasonable expense during the response to COVID-19, CDC will allow recipients to include projected overtime in their budgets. Recipients should be careful to estimate costs based on current real-time needs and will still be required to follow federal rules and regulations in accounting for the employees' time and effort.

**Additional Term and Condition:**

A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); and/or the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139) agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect

SARS– CoV–2 or to diagnose a possible case of COVID–19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

#### **Unallowable Costs:**

- Research
- Clinical care
- Publicity and propaganda (lobbying):
  - Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
  - See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients:  
[https://www.cdc.gov/grants/documents/Anti-Lobbying\\_Restrictions\\_for\\_CDC\\_Grantees\\_July\\_2012.pdf](https://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf)
- ***All unallowable costs cited in CDC-RFA-IP19-1901 remain in effect, unless specifically amended in this guidance, in accordance with 45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, And Audit Requirements for HHS Awards.***

## **REPORTING REQUIREMENTS**

**Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS):** Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, 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 CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services  
Freda Johnson, Grants Management

Specialist Office of Grants Services (OGS)  
Office of Financial Resources (OFR)  
Office of the Chief Operating Officer (OCOO)  
Centers for Disease Control and Prevention  
(CDC) [Wve2@cdc.gov](mailto:Wve2@cdc.gov) | 404-488-3107 office

AND

U.S. Department of Health and Human Services Office of the Inspector General  
ATTN: Mandatory Grant Disclosures, Intake Coordinator 330 Independence Avenue,  
SW Cohen Building, Room 5527 Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or

Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

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 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

#### **PAYMENT INFORMATION**

*The HHS Office of the Inspector General (OIG) maintains a toll-free number (1- 800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to [hhstips@oig.hhs.gov](mailto:hhstips@oig.hhs.gov) or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.*

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified on the bottom of Page 1 of the Notice of Award must be known in order to draw down funds.

**Stewardship:** The recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to your cooperative agreement are allowable, allocable, and reasonable and that they address the highest priority needs as they relate to this program.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

# **EXHIBIT H**



**Recipient Information**

**1. Recipient Name**

ARIZONA DEPARTMENT OF HEALTH SERVICES  
150 N 18th Ave  
Phoenix, AZ 85007-3232  
[NO DATA]

**2. Congressional District of Recipient**  
07

**3. Payment System Identifier (ID)**  
1866004791A7

**4. Employer Identification Number (EIN)**  
866004791

**5. Data Universal Numbering System (DUNS)**  
804745420

**6. Recipient's Unique Entity Identifier (UEI)**  
QMWUG1AMYF65

**7. Project Director or Principal Investigator**  
Ms. Dana Goodloe  
DANA.GOODLOE@AZDHS.GOV  
602-542-2996

**8. Authorized Official**

Ms. Lora Andrikopoulos  
Grants Manager  
lora.andrikopoulos@azdhs.gov  
480-389-9026

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Wayne Woods  
kuv1@cdc.gov  
770-488-2948

**10. Program Official Contact Information**

Ms. Randi Tolstyk  
Public Health Advisor  
kkq9@cdc.gov  
770-488-5114

**Federal Award Information**

**11. Award Number**

6 NH23IP922599-05-07

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922599

**13. Statutory Authority**

Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b, 247b(k)(2) and 247c), as amended.

**14. Federal Award Project Title**

CDC-RFA-IP19-1901 Immunization and Vaccines for Children

**15. Assistance Listing Number**

93.268

**16. Assistance Listing Program Title**

Immunization Cooperative Agreements

**17. Award Action Type**

Administrative Action

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	07/01/2023	<b>- End Date</b>	03/24/2025
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$2,961,756.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$25,364,682.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$25,364,682.00
<b>26. Period of Performance Start Date</b>	07/01/2019	<b>- End Date</b>	03/24/2025
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>			\$207,343,582.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Percy Jernigan

**30. Remarks**

Department Authority



<b>Recipient Information</b>
<b>Recipient Name</b> ARIZONA DEPARTMENT OF HEALTH SERVICES 150 N 18th Ave Phoenix, AZ 85007-3232 [NO DATA]
<b>Congressional District of Recipient</b> 07
<b>Payment Account Number and Type</b> 1866004791A7
<b>Employer Identification Number (EIN) Data</b> 866004791
<b>Universal Numbering System (DUNS)</b> 804745420
<b>Recipient's Unique Entity Identifier (UEI)</b> QMWUG1AMYF65
<b>31. Assistance Type</b> Cooperative Agreement
<b>32. Type of Award</b> Other

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$4,603,133.00
b. Fringe Benefits	\$2,071,412.00
c. Total Personnel Costs	\$6,674,545.00
d. Equipment	\$0.00
e. Supplies	\$77,292.00
f. Travel	\$663,626.00
g. Construction	\$0.00
h. Other	\$451,504.00
i. Contractual	\$18,911,073.00
<b>j. TOTAL DIRECT COSTS</b>	<b>\$26,778,040.00</b>
<b>k. INDIRECT COSTS</b>	<b>\$1,548,398.00</b>
<b>l. TOTAL APPROVED BUDGET</b>	<b>\$28,326,438.00</b>
<b>m. Federal Share</b>	<b>\$28,326,438.00</b>
<b>n. Non-Federal Share</b>	<b>\$0.00</b>

**34. Accounting Classification Codes**

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
0-9390EWQ	19NH23IP922599C3	IP	41.51	93.268	\$0.00	75-2024-0943
1-9390FG3	20NH23IP922599C3	IP	41.51	93.268	\$0.00	75-2024-0943
1-9390GKL	20NH23IP922599C5	IP	41.51	93.268	\$0.00	75-2124-0943
1-9390GUU	20NH23IP922599UDSPC5	IP	41.51	93.268	\$0.00	75-2124-0943
1-9390GWA	20NH23IP922599C6	IP	41.51	93.268	\$0.00	75-X-0943
2-9390K9M	20NH23IP922599IISC6	IP	41.51	93.268	\$0.00	75-X-0943



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922599-05-07

FAIN# NH23IP922599

Federal Award Date: 03/24/2025

**Direct Assistance**

<b>BUDGET CATEGORIES</b>	<b>PREVIOUS AMOUNT (A)</b>	<b>AMOUNT THIS ACTION (B)</b>	<b>TOTAL (A + B)</b>
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

# AWARD ATTACHMENTS

ARIZONA DEPARTMENT OF HEALTH SERVICES

6 NH23IP922599-05-07

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1. Terms and Conditions

## **TERMS AND CONDITIONS OF AWARD**

**Termination:** The purpose of this amendment is to terminate the use of any remaining COVID-19 funding associated with this award. The termination of this funding is for cause. HHS regulations permit termination if “the non-Federal entity fails to comply with the terms and conditions of the award”, or separately, “for cause.” The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of use of funding under the listed document number(s) is effective as of the date set out in your Notice of Award.

Impacted document numbers are included on page 2 of this Notice of Award (NoA).

No additional activities can be conducted, and no additional costs may be incurred, as it relates to these funds. Unobligated award balances of COVID-19 funding will be de-obligated by CDC. Award activities under other funding may continue consistent with the terms and conditions of the award.

**Final Federal Financial Report (FFR, SF-425):** Within 30 days please submit final FFR’s for impacted document numbers. The FFR should only include those funds authorized and expended during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Payment Management System (PMS), you will be required to update your reports to PMS accordingly.

**All other terms and conditions of this award remain in effect.**