



# FIRST THINGS FIRST

*The right system for bright futures*

## CERTIFICATION

**TO THE STATE OF ARIZONA, ARIZONA EARLY CHILDHOOD DEVELOPMENT AND HEALTH BOARD:**

If awarded a grant, the Undersigned hereby agrees to all terms, conditions, requirements and amendments in this request for grant Application and any written exceptions, as accepted by the Arizona Early Childhood Development and Health Board in the Application.

### APPLICANT OFFER

Arizona Transaction (Sales) Privilege Tax License No.: \_\_\_\_\_ Name of Point of Contact Concerning this Application:

Name: Paula M. Horn

Federal Employer Identification No.:  
86-6000444

Phone: 928-402-8813 Fax: 928-425-0794

Gila County Division of Health & Community Services

E-Mail: phorn@co.gila.az.us

Name of Applicant

Shirley L. Dawson  
Signature of Person Authorized to Sign Offer

5515 S. Apache Avenue, Suite 100

Shirley L. Dawson

Address

Printed Name

Globe, AZ 85501

Chairman, Board of Supervisors

City State Zip

Title

By signature in the Offer section above, the Applicant certifies:

1. The submission of the Application did not involve collusion or other anti-competitive practices.
2. The Applicant shall not discriminate against any employee or Applicant for employment in violation of Federal Executive Order 11246, State Executive Order 99-4 or A.R.S. §41-1461 through §1465.
3. The Applicant has not given, offered to give, nor intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the submitted offer. Failure to provide a valid signature affirming the stipulations required by this clause shall result in rejection of the offer. Signing the offer with a false statement shall void the offer, any resulting contract and may be subject to legal remedies provided by law.

### ACCEPTANCE OF APPLICATION

The Application is hereby accepted. The Applicant is now bound to perform as stated in the Applicant's grant Application as accepted by the Arizona Early Childhood Development and Health Board and the Request for Grant Application document, including all terms, conditions, requirements, amendments, and/or exhibits.

This grant shall henceforth be referred to as Grant No. FTF-RC004-10-0129-01

Arizona Early Childhood Development and Health Board,  
Awarded this 1st day of October, 2009

Jeanne Weeks  
Jeanne Weeks, Grants and Contracts Procurement Specialist

**Attachment A**

**FIRST THINGS FIRST STANDARD DATA COLLECTION FORM**

**A. Agency Information:**

Program Name (if applicable) Gila County Early Childhood Screening Program

Agency Gila County Division of Health and Community Services Contact Person Paula Horn

Address 5515 S. Apache, Avenue Position Health Programs Manager

Address Suite 100 Email phorn@co.gila.az.us

City, State, Zip Globe, Arizona 85501 Phone 928-402-8813 Fax 928-425-0794

County Gila Employer Identification Number: 86-6000444

Agency Classification:  State Agency  County Government  Local Government  Schools  
 Tribal  
 Faith Based  Other

Have you previously conducted business with First Things First using this EIN?  Y  N  
If NO, please go to the following website, download the State of Arizona Substitute W-9 Form and submit with your Application: [http://www.gao.state.az.us/Vendor/forms/new/stateofaz\\_subw-9\\_042008.pdf](http://www.gao.state.az.us/Vendor/forms/new/stateofaz_subw-9_042008.pdf)

In which Congressional (Federal) District is your agency? Enter District # 1  
<http://www.azredistricting.org> (click on Final Maps)

In which Legislative (State) District is your agency? Enter District # 5  
<http://www.azredistricting.org> (click on Final Maps)

Approximately how much FEDERAL funding (from a Federal Source) will your organization expend in your current fiscal year? \$7,101,400.00

What is your organization's fiscal year-end date? 6-30-2009

Accounting Method:  Cash  Accrual

Does your organization undergo an annual independent audit in accordance with OMB Circular A-133?  Y  N

Please provide contact information of the audit firm conducting your audit:

Agency Miller, Allen & Co., P.C.

Address 5333 North 7<sup>th</sup> Street Suite 100 Phoenix, Arizona 85014

Phone Number 602-264-3888

**B. Proposed Program Information / Description:**

Amount requested: \$56,650.00

Service area of proposed program: All of Gila County

Target population of proposed program: Children 0-5 years of age

Number of participants to be served: 250

Please provide a brief description of the proposed program in one or two paragraphs.

## **Attachment B**

### **APPLICANT'S EXPERIENCE**

<p>Name and address of organization for which the service or activity was provided: Gila County Office of Health provides hearing and vision screens to the Young School District and Tonto Basin School District.</p>
<p>Location where services or activities were conducted: The two locations are Young School in Young, Arizona and Tonto Basin School in Tonto Basin, Arizona.</p>
<p>Dates the service or activity was conducted: (e.g., October 2007 – September 2008) School year 2008-2009</p>
<p>Describe the services or activities that were provided: Tonto Basin on 9-23-08 there were 68 children screened. Tonto Basin on 10-21-08 there were 32 children screened. Tonto Basin on 01-28-09 there were 6 children screened. Young on 9-11-08 there were 59 children screened. Young on 10-14-08 there were 17 children screened.</p>
<p>Describe what was achieved with the services or activities: (e.g., increased knowledge among 20% of program participants, served 100 children, etc.) One hundred and eighty two children were screened in the schools and eleven students were referred to specialists.</p>
<p>Name and address of organization for which the service or activity was provided: Gila County Office of Health provides the Health Start program. The program provides Ages and Stages from birth to two years of age.</p>
<p>Location where services or activities were conducted: The location is the Globe/Miami area.</p>
<p>Dates the service or activity was conducted: (e.g., October 2007 – September 2008) July 2008 – June 2009</p>

**Describe the services or activities that were provided:**

**The following ages and stages were provided;**

**4-4 month assessments**

**4-6 month assessments**

**2-8 month assessments**

**5-12 month assessments**

**1-16 month assessments**

**1-18 month assessments**

**1-20 month assessments**

**3-24 month assessments**

**Describe what was achieved with the services or activities: (e.g., increased knowledge among 20% of program participants, served 100 children, etc.)**

**Twenty one assessments were completed and two of the cases were referred to the Developmental Learning Center and AZEIP.**

## Attachment C

### KEY PERSONNEL OVERVIEW

STAFF MEMBER	BACKGROUND AND EXPERTISE OF PERSONNEL
Name: Paula Horn Title: Program Manager FTE on this project: 25%	<ul style="list-style-type: none"> <li>• Supervisor for over fifteen years</li> <li>• Trained in ASQ assessments and providing service since 2003</li> <li>• CDA classes; Ages/Stage: Prenatal-Toddler, Support Growth/EDU of Parents, Enhance Family Involvement</li> <li>• Program Manager of Health programs for over five years</li> <li>• Several trainings in Maternal and Child Health such as infant brain development, domestic violence, nutrition, breastfeeding counselor, shaken baby syndrome, Safe Home Safe Child, pregnancy testing/counseling, preconception/inter-conception care, and CPR/First Aid/AED instructor.</li> </ul>
Name: Title: Community Health Assistant FTE on this project: 50%	<ul style="list-style-type: none"> <li>• Health Start core curriculum training</li> <li>• Ages and Stages Questionnaire training</li> <li>• Continued education is a requirement of the program</li> </ul>
Name: Chris Phillips Title: Accounting Clerk FTE on this project: 2%	<ul style="list-style-type: none"> <li>• Employed with fiscal for two years</li> <li>• Provide billing for all grants in the Health Department</li> </ul>
Name: Lorraine Dalrymple Title: Public Health Nurse FTE on this project: 2%	<ul style="list-style-type: none"> <li>• Registered Nurse</li> <li>• Staff RN-Pediatrics</li> <li>• RN Pediatric home care</li> <li>• Child Care Health Consultant Certification</li> <li>• Hearing Screening Certification</li> </ul>
Name: Lisa Saige Title: Public Health Nurse FTE on this project: 2%	<ul style="list-style-type: none"> <li>• Registered Nurse</li> <li>• Labor and Delivery Specialist</li> <li>• Child Care Health Consultant Certification</li> <li>• Newborn Hearing Screening Trained</li> </ul>
Name: Michelle Graney Title: Public Health Nurse FTE on this project: 2%	<ul style="list-style-type: none"> <li>• Registered Nurse</li> <li>• Child Care Health Consultant Certification</li> </ul>
Name: Lucinda Campbell Title: Public Health Nurse FTE on this project: 2%	<ul style="list-style-type: none"> <li>• Registered Nurse</li> <li>• Child Care Health Consultant Certification</li> <li>• Hearing Screening Certification</li> </ul>
Name: Sharon Heller Title: Administrative Clerk Sr FTE on this project: 2%	<ul style="list-style-type: none"> <li>• Hearing Screening Certification</li> <li>• Assists with coordination and organization of school clinics</li> </ul>
Name: Carolyn Haro Title: Manager, Public Health Services FTE on this project: as needed for consultation	<ul style="list-style-type: none"> <li>• Bachelor Degree in Social Work</li> <li>• Emphasis in Child Welfare</li> <li>• Maternal and Child Health Program Manager for seven years</li> </ul>

\*In addition to this overview, please attach a resume (for current personnel) or a job description (for positions to be hired) for the key individuals involved in the project.

## Attachment D

### IMPLEMENTATION PLAN

<b>Activities</b>	<b>Task</b>	<b>Person Responsible</b>	<b>Date Task Will Be Completed/Timeline</b>	<b>Support Documentation</b>
Preparation	Purchase equipment and supplies for vision, hearing and developmental assessments	Program Manager	October 31, 2009	Purchase orders Invoices
	Purchase incentives	Community Health Worker Program Manager	October 31, 2009	Invoices
	Purchase office supplies to create media campaign	Community Health Worker Program Manager	October 31, 2009	Invoices
Training	Purchase training materials	Program Manager	October 31, 2009	Invoices
	Schedule trainings	Program Manager	November 1, 2009	Coordinate schedules with staff Email screeners with times and dates of training Set up trainings in media room for DVD trainings New staff will be trained as needed
	Provide review	Program Manager	February 1, 2010	Interview staff with concerns Repeat as necessary
Coordination	Develop case file forms	Health Staff Program Manager Community Health Assistant	October 31, 2009	Demographic information Release of information Case record history Screening result form
	Contact schools to schedule dates to provide screenings	Health Staff	November 15, 2009	Schedule for all screeners Confirm dates for screenings
	Review upcoming health fairs in Gila County	Health Staff	November 15, 2009	Schedule for all screeners Confirm dates for screenings
Outreach	Develop flyers, media announcements and emails.	Program Manager	November 30, 2009	Flyers Copy of newspaper articles Copy of email blasts
	Flyer postings in local areas, Media announcements in local papers and radio and emails to other agencies, which provide service from birth to five	Community Health Assistant Health Staff	Fifteen days prior to event	Flyers Copy of newspaper articles Copy of email blasts

	Contact local leaders in school districts and preschools to provide word of mouth	Community Health Assistant Health Staff	Fifteen days prior to event	Copies of flyers sent to the contacts
Implementation	Provide screenings	Screeners	Day of event	Paperwork recorded
	Ensure paperwork is complete and accurate	Screeners Program Manager	Day of event	Paperwork filed in case file
Follow-up	If second screen is needed they will be scheduled	Screeners Program Manager	Day of event	Screening result form
	Appropriate referrals will be made to specialist if needed	Screeners Program Manager	Within one month of the original screen	Referral paperwork Case record history
Evaluation	Purchase Evaluation Materials for programs selected	Program Manager	October 31, 2009	Invoice
	Create comprehensive evaluation for all three screens provided	Program Manager Health Staff	November 15, 2009	Evaluation created
	Implement evaluations into screening and evaluate effectiveness	Program Manager Screeners	Day of event Evaluate quarterly	Evaluation paperwork incorporate in case file
Reporting	All screening paperwork	Screeners	Day of event	Incorporated in case file
	Maintain case file	Program Manager Community Health Assistant	Ongoing	Locked in filing cabinet
	Provide reports to State FTF, Gila Regional Partnership Council and Gila County	Community Health Assistant Program Manager	Quarterly	Reports for review

**Attachment E**

**FUNDS REQUESTED PAGE**

The Offeror must state a firm, fixed total guaranteed not-to-exceed amount of funds requested for the Grant.

\$ 56,650.00 Total Funds Requested

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Job Title Shirley L. Dawson, Chairman of the Board of Supervisors

**Attachment H**

**DISCLOSURE OF OTHER FUNDING SOURCES**

Please list all other funding that your organization currently receives from State or Public Agencies, Federal Agencies, Non-Profit Organizations, or any other source providing funding for the proposed Program\*. A.R.S. §8-1183 provides for a prohibition on supplanting of state funds by First Things First expenditures, meaning that no FTF monies expended are to be used to take the place of any existing state or federal funding for early childhood development and health programs.

Use a continuation sheet if necessary. The following form may be reproduced with word processing software or another form may be created that contains all the information requested.

Type of Funding (Federal, State, local, other)	Received From	Amount	✓ If used for match on this grant
<b>TOTAL:</b>			0

\*This table should include only those funds that will support the program detailed in this Application.

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Job Title Shirley L. Dawson, Chairman of the Board of Supervisors

# ATTACHMENT G



## **Gila County Early Childhood Screening Program 9 Month Budget Narrative Solicitation #: FTFRC004-10-0129-00**

### **Personnel**

Paula Horn is the Program Manager. She oversees all the Maternal and Child Health Programs and will be spending 25% of her time on the proposed program for the 9-month grant cycle to include attending program related meetings and training. She will provide assistance with purchasing, coordination and outreach of the program. The program manager will also be responsible for the quality assurance, and staff supervision of the program. The manager's salary will total \$11,336.00.

The position of Community Health Assistant will be hired at a part-time basis. They will be responsible for daily oversight of program implementation for the nine month grant cycle. They will provide screenings and follow-up for participants. They will be responsible for outreach, media campaign and coordination with other agencies. The community health assistant's salary will total \$11,075.74

Chris Phillips is the accounting clerk. She will provide all the billing and fiscal management for the program. Each program who utilizes the clerk is responsible to pay \$3,000.00 to cover her salary, and benefits.

Four staff nurses and an administrative clerk senior will be providing screenings with no charge to the program. We will have Carolyn Haro, BSW on staff for any consultation as needed with no charge to the program.

### **Fringe Benefits**

The approved fringe benefits for all Gila County employees include: Arizona Retirement, Medicare, Social Security, Arizona Unemployment, Worker's Compensation, and health insurance. The program manager's portion will total \$3,480.94. The community health assistant's portion will total \$5,002.12.

### **Travel Expenses**

The program manager will be required to attend four cross regional and statewide work groups and meetings. One statewide meeting in Phoenix, and one Gila Regional Partnership Council meetings every three months. Program travel for the manager and community health assistant is necessary in the successful implementation of the program including outreach, recruiting participants, coordination with local agencies and program implementation. We have estimated mileage to be 225 miles per month at .445 per mile total \$890.00. Per diem is estimated to provide two breakfasts @ \$5.00, six lunches @ \$7.50, and two dinners @ \$12.50 total \$80.00. Two night hotel stay for the program manager and community health assistant total \$400.00. Total travel expenses \$1,370.00.

### **Other Operating Expenses**

The routine office operating expenses will consist of; paper, envelopes, business cards, mailings, appointments, advertisements, flyers and referral cards the total price for office supplies will be \$1,235.20. The first nine month contract we will need to purchase the OAE hearing equipment, vision equipment and ages and stages version 3 screening tools. This results in a grand total of \$16,235.20.

### **Indirect costs**

As a Gila County employee there are indirect costs for personnel paperwork, finance, mail routing, and support staff which will be budgeted in the amount of \$5,150.00 per year. This reflects 10% of direct expenses.

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Job Title Shirley L. Dawson, Chairman of the Board of Supervisors

**C. Contact Information (Please copy this page as many times as needed.)**

**Program Agency** – Indicate person to be primary contact with First Things First and who is directly responsible for ensuring that the program plan is implemented. All future program correspondence will be sent to this person.

**Fiscal Agency** - Indicates person responsible for financial matters pertaining to this grant.

**Collaborator** – Indicates all persons/agencies that have been identified as a collaborator, partner, or host site as a requirement of this grant.

<b><u>(Program Agency)</u></b>	<b><u>Fiscal Agency</u></b>	<b><u>Collaborator</u></b>
Agency <u>Gila County Division of Health and Community Services</u>		Contact Person <u>Paula Horn</u>
Address <u>5515 S. Apache, Ave.</u>		Position <u>Health Programs Manager</u>
Address <u>Suite 100</u>		Email <u>phorn@co.gila.az.us</u>
City, State, Zip <u>Globe, Arizona 85501</u>		Phone <u>928-402-8813</u> x <u>    </u> Fax <u>928-425-0794</u>
County <u>Gila County</u>		

<b><u>Program Agency</u></b>	<b><u>(Fiscal Agency)</u></b>	<b><u>Collaborator</u></b>
Agency <u>Gila County Division of Health and Community Services</u>		Contact Person <u>Paula Horn</u>
Address <u>5515 S. Apache, Ave.</u>		Position <u>Health Programs Manager</u>
Address <u>Suite 100</u>		Email <u>phorn@co.gila.az.us</u>
City, State, Zip <u>Globe, Arizona 85501</u>		Phone <u>928-402-8813</u> x <u>    </u> Fax <u>928-425-0794</u>
County <u>Gila County</u>		

<b><u>Program Agency</u></b>	<b><u>Fiscal Agency</u></b>	<b><u>Collaborator</u></b>
Agency _____		Contact Person _____
Address _____		Position _____
Address _____		Email _____
City, State, Zip _____		Phone _____ x _____ Fax _____
County _____		

**Attachment F**

**STANDARD LINE ITEM BUDGET – NO MATCHING FUNDS**

While you must use this format, you may reproduce it with Word Processing or Spreadsheet software. Limit your budget line items to the following categories: Personnel, Fringe Benefits, Professional Services, Travel, Pass-Through (i.e., Sub grants), Other Operating Expenses and Administrative/Indirect Costs.

**Budget period: October 1, 2009 – June 30, 2010**

Budget Category	Line Item	Requested Funds	Total Cost
<b>PERSONNEL</b>			
Personnel/Fringe Benefits	Program Manager 25%	14,816.94	14,816.94
	Community Health Assistant	16,077.86	16,077.86
	Accounting Clerk	3,000.00	3,000.00
			<b>33,894.80</b>
<b>PROFESSIONAL SERVICES</b>			
<b>TRAVEL</b>			
Travel	Manager/Community Health Assistant hotel rooms X 2	400.00	400.00
	Per diem for travel	80.00	80.00
	Mileage.445 X 2000 miles	890.00	890.00
			<b>1,370.00</b>
<b>SUBGRANTS</b>			
N/A			
<b>OTHER OPERATING EXPENSES</b>			
Other operating expenses	Postage	735.20	735.20
	Office supplies	500.00	500.00
	Equipment	15,000.00	15,000.00
			<b>16,235.20</b>
<b>Grand Total Direct Program Costs:</b>		\$	<b>\$51,500.00</b>
<b>Administrative/Indirect Costs:</b>			
<b>INDIRECT COSTS</b>			5,150.00
<b>TOTAL COST</b>			
<b>Total</b>		\$	<b>\$56,650.00</b>

\*As shown, a line item budget justification for each component **MUST** be included in the proposal that describes the procedure for determining the cost of budget categories. Detail in the line item budget narrative strengthens proposals. See the following page for budget narrative format.

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_

Job Title Shirley L. Dawson, Chairman of the Board of Supervisors

**Attachment I**

**FIRST THINGS FIRST FINANCIAL SYSTEMS SURVEY**

Name of Applicant: Gila County Division of Health and Community Services

**Please answer every question by filling in the circle next to the correct answer. Attach materials and document comments as required.**

As stewards of federal and state funds, First Things First awards funds to organizations (regardless of how small or large) that are both capable of achieving project goals/objectives and upholding their responsibility for properly managing funds as they achieve those objectives.

This survey will be used primarily for initial monitoring of the organization. This survey may also be used in evaluating the financial capability of the organization in the award process. Deficiencies should be addressed for corrective action and the organization should consider procuring technical assistance in correcting identified problems.

**A. GENERAL INFORMATION**

1. Has your organization received a Federal or State Grant within the last two years?	<input checked="" type="radio"/> YES <input type="radio"/> NO
2. Has your organization completed an A-133 Single Audit within the past two years? If yes, please <b>attach</b> a complete copy of your A-133 Audit, including, but not limited to, your Management Letter, Findings and Questioned Costs.	<input checked="" type="radio"/> YES <input type="radio"/> NO
3. If your organization has not completed an A-133 Single Audit, have your financial statements been audited, reviewed or compiled by an independent Certified Public Accountant within the past two years? If yes, please <b>attach</b> a complete copy of the most recent audited, reviewed or compiled financial statements. <b>NOTE THAT ONLY ONE COPY OF YOUR AUDIT NEEDS TO BE INCLUDED WITH THE APPLICATION MARKED "ORIGINAL".</b> It is not necessary to include additional copies with each copy of the completed Application.	<input type="radio"/> YES <input type="radio"/> NO
4. Please <b>attach</b> a schedule showing the TOTAL federal funds (by granting agency) expended by your agency for the most recent fiscal year. Note: If your organization had an A-133 Single Audit, a copy of the "Schedule of Expenditures for Federal Awards" can be submitted. <b>ONLY ONE COPY IS NEEDED, TO BE INCLUDED WITH THE APPLICATION MARKED "ORIGINAL"</b>	
5. Has your organization been granted tax-exempt status by the Internal Revenue Service?	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A
6. If you answered YES to question #5, under what section of the IRS code? <input type="radio"/> 501 C (3) <input type="radio"/> 501 C (4) <input type="radio"/> 501 C (5) <input type="radio"/> 501 C (6) <input type="radio"/> Other Specify: _____	
7. Does your organization have established policies related to salary scales, fringe benefits, travel reimbursement and personnel policies?	<input checked="" type="radio"/> YES <input type="radio"/> NO

## B. FUNDS MANAGEMENT

1. Which of the following describes your organization's accounting system?	<input type="radio"/> Manual <input checked="" type="radio"/> Automated <input type="radio"/> Combination
2. How frequently do you post to the General Ledger?	<input type="radio"/> Daily <input checked="" type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Other
3. Does the accounting system completely and accurately track the receipt and disbursements of funds by each grant or funding source?	<input checked="" type="radio"/> YES <input type="radio"/> NO
4. Does the accounting system provide for the recording of actual costs compared to budgeted costs for each budget line item?	<input checked="" type="radio"/> YES <input type="radio"/> NO
5. Are time and effort distribution reports maintained for employees working fully or partially on state or federal grant programs that account for 100% of each employee's time?	<input checked="" type="radio"/> YES <input type="radio"/> NO
6. Is your organization familiar with Federal Cost Principles (i.e., 2 CFR 220, 2 CFR 225, and 2 CFR 230)?	<input checked="" type="radio"/> YES <input type="radio"/> NO
7. How does your organization plan to charge common/indirect costs to this grant? <b>NOTE:</b> Those organizations using allocable direct charges <b>must attach</b> a copy of the methodology and calculations in determining those charges.  Those organizations using a federally approved indirect cost rate <b>must attach</b> a copy of the approval documentation issued by the federal government.	<input checked="" type="radio"/> Direct Charges <input type="radio"/> Utilizing an Indirect Cost Allocation Plan or Rate

## INTERNAL CONTROLS

1. Are duties of the bookkeeper/accountant segregated from the duties of cash receipt or cash disbursement?	<input checked="" type="radio"/> YES <input type="radio"/> NO
2. Are checks signed by individuals whose duties exclude recording cash received, approving vouchers for payment and the preparation of payroll?	<input checked="" type="radio"/> YES <input type="radio"/> NO
3. Are all accounting entries and payments supported by source documentation?	<input checked="" type="radio"/> YES <input type="radio"/> NO
4. Are cash or in-kind matching funds supported by source documentation?	<input checked="" type="radio"/> YES <input type="radio"/> NO
5. Are employee time sheets supported by appropriately approved/signed documents?	<input checked="" type="radio"/> YES <input type="radio"/> NO
6. Does the organization maintain policies that include procedures for assuring compliance with applicable cost principles and terms of each grant award?	<input checked="" type="radio"/> YES <input type="radio"/> NO

## D. PROCUREMENT

1. Does the organization maintain written codes of conduct for employees involved in awarding or administering procurement contracts?	<input type="radio"/> YES <input checked="" type="radio"/> NO
2. Does the organization conduct purchases in a manner that encourages open and free competition among vendors?	<input checked="" type="radio"/> YES <input type="radio"/> NO
3. Does the organization complete some level of cost or price analysis for every major purchase?	<input checked="" type="radio"/> YES <input type="radio"/> NO

4. Does the organization maintain a system of contract administration to ensure Grantee conformance with the terms and conditions of each contract?	<input checked="" type="radio"/> YES <input type="radio"/> NO
5. Does the organization maintain written procurement policies and procedures?	<input checked="" type="radio"/> YES <input type="radio"/> NO

**E. CONTACT INFORMATION**

Please indicate the following information. In the event that First Things First has questions about this survey, this individual will be contacted.

Prepared By: Paula Horn

Job Title: Health Program Manager

Date: June 8, 2009

Phone/Fax/Email: 928-402-8813/928-425-0794/phorn@co.gila.az.us

**F. CERTIFICATION**

I certify that this report is complete and accurate, and that the Grantee has accepted the responsibility of maintaining the financial systems.

\_\_\_\_\_  
 Authorized Signature

**G. COMMENT AND ATTACHMENTS**

Please use the space below to comment on any answers in Sections A – D. Please indicate the Section and Question # next to each comment. Number of Attachments (please number each attachment): \_\_\_\_\_

COMMENTS: