FIRST THINGS FIRST *The right system for bright futures*	**CONTRACT RENEWAL NOTIFICATION**		Early Childhood Development and Health Board (First Things First) 4000 North Central Avenue, Suite 800 Phoenix, Arizona 85012 (602) 771-5000 (602) 265-0009 fax
	Renewal Award Notification Year 2	Page 1 of 1	
	Grant Agreement/Contract Award # GRA-STATE-10-0070-01 **Renewal Award #** GRA-STATE-10-0070-01-Y2		

CONTRACTOR:
Gila County
5515 South Apache, Suite 100
Globe, AZ 85501

PURPOSE OF AMENDMENT:

1. Pursuant to Special Terms and Conditions, "Contract Renewal", of the above referenced Grant Agreement/Contract Award, the State of Arizona hereby exercises its sole option to renew the Grant Agreement/Contract Award number referenced above. The renewal award period is July 1, 2010 through June 30, 2011.

2. Total award amount for the contract period is $26,666.00

3. The Grantee is responsible for all updated Standards of Practice located for reference in the First Things First Grant Management System known as PGMS under Grantee Resources.

4. All other terms and conditions remain unchanged and are according to the original award documents, clarification documents, and renewal submission documents.

Contractor hereby acknowledges receipt and understanding of the contract amendment.

Signature Michael A. Pastor

Name Michael A. Pastor

Title Chairman of the Board of Supervisors

Date 8-31-10

Approved As To Form

Bryan B. Chambers
Chief Deputy Gila County Attorney

The above referenced amendment is hereby executed effective July 1, 2010 once signed and dated below:

Jeanne Weeks
Senior Grants and Contracts Procurement Specialist

Date

FIRST THINGS FIRST *The right system for bright futures*	**CONTRACT RENEWAL NOTIFICATION**		Early Childhood Development and Health Board (First Things First) 4000 North Central Avenue, Suite 800 Phoenix, Arizona 85012 (602) 771-5000 (602) 265-0009 fax
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Contractor hereby acknowledges receipt and understanding of the contract amendment.	The above referenced amendment is hereby executed effective July 1, 2010 once signed and dated below:
Signature Michael A. Pastor Name Michael A. Pastor Title Chairman of the Board of Supervisors Date 8-31-10 **Approved As To Form** Bryan B. Chambers **Chief Deputy Gila County Attorney**	_____ Jeanne Weeks Senior Grants and Contracts Procurement Specialist _____ Date

FIRST THINGS FIRST NOTICE OF RENEWAL CONSIDERATION

TO: First Things First Grantee

FROM: Sheila Hoppe, Todd Mason & Sallie Fimbres
First Things First Finance Division

RE: Renewal Information

DATE: April 29, 2010

Your current grant program is eligible for renewal funding consideration from First Things First.

First Things First may award programs at a maintenance effort, increased funding or decreased funding based on a number of factors. Continued funding is contingent upon the grantee's adherence to the terms and conditions as set forth in the original RFGA or grant agreement, program and financial performance, and must be current with all data and narrative reports.

Attached please find the format for the Renewal Package for First Things First Grant Programs. The Renewal Package Cover Page includes information on the following Attachments:

- Attachment A – Narrative response to First Things First questions related to implementation and data collection
- Attachment B – Implementation Plan
- Attachment C – Budget & Budget Narrative
- Attachment D – Key Personnel
- Attachment E – Disclosure of Other Funding
- Attachment F – Standard Data Collection Form

First Things First Finance or Policy staff may contact you with clarifications submitted in your renewal package prior to the formal Grant Agreement Amendment for authorized signature being sent that will continue the award based on the original agreement. Renewal questions or clarifications on renewal information can relate to any report submission, review of the original Grant Agreement information and progress toward implementation of the originally approved program.

Contracts will be in effect from the date of award (anticipated July 1, 2010) through June 30, 2011. All other rules and regulations, and special terms and conditions from awarding RFGA or grant agreement will remain in effect for the contract period.

Renewal applications must be received by **May 14, 2010 by 3:00 pm** and submitted via email, mail or fax to Sallie Fimbres. Sallie Fimbres will work with your identified Finance lead (Sheila Hoppe or Todd Mason) in coordination with the Policy Division and/or Region Division for getting resolution to any questions you may have. Please address any questions to Sallie Fimbres at sfimbres@azftf.gov or (602) 771-5035 or via fax at (602) 265-0009.

Thank you and we look forward to reviewing your renewal package.

First Things First

Grant Renewal Package Instructions

July 1, 2010 – June 30, 2011

Renewal Instructions

Your First Things First grant is eligible for a program renewal by extending the current grant award from July 1, 2010 through June 30, 2011. Programs proposed for 2010-2011 cannot be different in scope than the current grant award.

Grantee Name:	Gila County Health Department
First Things First Award Number:	GRA-STATE-10-0070-01
Strategy Name: *(Internal Use Only)*	*First Things First Internal Use*
Renewal Funding Eligible Amount:	$26,667

The renewal package does include narrative information as well as required forms as outlined in the following attachment sections:

Program Implementation Narrative: ***(Attachment A)*** Please provide a narrative response to the questions found in this Attachment.

Program Implementation Plan: ***(Attachment Form B)*** Please provide an updated implementation plan for your program for 2010 - 2011. The implementation plan should be related to the originally approved program activities, tasks, data collection, data submission, and process. Please use any necessary narrative to further describe your program implementation (Question 2).

2010-2011 Budget Forms ***(Attachment C – must include line item budget & narrative):***

- Line Item Budget Form
- Budget Narrative Explanation

Key Personnel/Staff Overview: ***(Attachment Form D)*** Please list all staff that will be paid from this grant program during the 2010-2011 grant cycle. This should match your line item budget & budget narrative. Submit resumes and/or staff change notification forms for new staff or those that have not yet been submitted to First Things First previously.

Disclosure of Other Funding Sources (Attachment E) – List any other funding utilized for this program administered by your agency.

Data Collection & Authorized Signature ***(Attachment Form F):*** Please complete all three sections detailing:

- The legal applicant
- The main, program, financial & evaluation contact information – these contacts should be what you want identified for this grant award in First Things First's Partner Grant Management System (PGMS)
- The program description – brief summary to be used for public descriptions of First Things First funded programs
- Authorized Renewal Submission Signature

Just a reminder, all other rules, regulations, and special terms and conditions from the awarding RFGA or Grant Agreement will remain in effect for the contract period. This renewal application information becomes part of the agreement and expectations for program implementation and performance.

First Things First provides program information with the public, the Board of First Things First, and often Regional Partnership Councils. The information regularly provided when discussing performance will include proposed information, data submission, program narrative information, and financial information. This information is also utilized as part of strategic planning and system building processes for state and regional efforts.

Renewal Package Due Date: Renewal Package must be ***received*** by ***May 14, 2010 at 3:00 p.m.*** and submitted via mail, fax or email to:

Sallie Fimbres
First Things First – Finance Division
sfimbres@azftf.gov
(602) 771-5035
(602) 265-0009 (fax)

Please contact Sallie Fimbres if you have any questions about your Renewal Package.

Attachment A

Program Implementation Questions

Please provide a narrative response to the questions below. To ensure that you are not changing the scope of work of your original grant, you must use the same programs and/or strategies as described in your original proposal, unless you have obtained prior approval.

Question 1 (Complete A, B, and/or C as appropriate)
A) If your program received approved modifications, please describe those modifications and how they will continue to be implemented in 2010-2011.

B) If you have proposed modifications moving forward, please describe how they will enhance program implementation and/or why they are necessary for the program to be successful in 2010-2011.

C) If there are no modifications or no planned modifications, please indicate no modifications necessary and provide a brief description of the existing program implementation as proposed in Question 2. ***No modifications have been made.***

Question 2
Please provide a brief narrative description of your proposed program that will be implemented in 2010-2011. This description should match information provided in your Implementation Plan (Attachment B) and explain anything from the Implementation Plan needing additional description. ***This program will provide health consultation services by Child Care Health Consultants (CCHC) to regulated child care providers enrolled in Quality First. The CCHC's will provide guidance regarding health and safety issues as described in the "First Things First" contract to participating providers.***

Question 3
Please describe current and ongoing plans for data collection and submission, including how your program is using data to promote optimal service and ongoing improvement. ***Monthly reports will be submitted to "First Things First" using the required form. We have ordered two laptops for our CCHC's which should be arriving around July 22, 2010. Both CCHC's are scheduled to meet with CeCe to do a daycare inspection. A meeting will be scheduled with Kathy Ford for training on the Omaha System of Documentation and the CareFacts computerized charting system as soon as possible after July 22, 2010.***

Attachment Form B

2010 – 2011 Implementation Plan

Activities	Task	Person Responsible	Date Task Will Be Completed/Timeline	Support Documentation
Preparation	Continue to purchase equipment and Supplies for CCHC's	Program Manager	October 1, 2010	Purchase orders/invoices
	Purchase incentives for Child Care Centerw	CCHC's	September 1, 2010	Purchase orders/invoices
	Purchase supplies to promote CCHC program	Program Manager	October 1, 2010	Purchase orders/invoices
Training	Additional Training of CCHC	Program Manager	September 1, 2010	Certificate of Attendance Invoices for travel expenses.
	Provide CCHC Training for new RN	Program Manager	December 31, 2010	Certificate of Attendance
	Provide review	Program Manager	October 31, 2010	Meet with CCHC to discuss any concerns
Coordination	Set up necessary paperwork and travel needs for CCHC inspections	Program Manager and CCHC's	September 1, 2010	Monthly report
	Contact Quality First Daycare Centers To provide assessments & assistance	CCHC's	September 1, 2010	Scheduled appointments
	Confirm dates of community Health fairs	Program Manager	Ongoing	Attendance to events
Outreach	Develop Presentation Board promoting the CCHC Program and "First Things First" to be displayed at Health Fairs.	Program Manager and CCHC's	November 1, 2010	Invoices and attendance to events
Implementation	Schedule Daycare visits to provide assessments and assistance	CCHC's	September 1, 2010	Reports to "First Things First"
	Ensure reports are complete and accurate	Program Manager	October 1, 2010	Reports to "First Things First"

Follow-up	Schedule revisits as needed	CCHC's	Ongoing	Reports to "First Things First"
	Provide assistance to Day Cares as needed	CCH's	Ongoing	Reports to "First Things First"

Evaluation	Receive, review and resolve quality performance issues.	Program Manager	Ongoing	Reports to "First Things First"
	Collect/report data, surveys, evaluation reports as requested by FTF or quality assurance personnel	Program Manager	Ongoing	Monthly reports to "First Things First"
Reporting	Ensure all reports are provided to FTF in a timely manner as specified in the contract	Program Manager	Ongoing	Monthly reports and computerized documentation by Quality First. CareFacts updates at least every 5 days.

Attachment Form C

STANDARD LINE ITEM BUDGET INSTRUCTIONS

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 and to the budget subcategories listed.

As shown, a line item budget justification for each component must be included and describe the procedure for determining the cost of budget categories in the budget narrative. Detail in the line item budget narrative strengthens the items requested in the line item budget by describing how the cost was determined and the benefit of the item to the program and is essential for the program's success.

Please keep in mind that requested funds must follow the original scope of work and must follow the basic guidelines for grantees related to allowability of costs that demonstrate reasonableness for the project and are necessary for the successful implementation of the program. Items described in a line item budget and in more detail in the budget narrative should describe how the costs were determined and the public purpose for the cost related to the project's implementation. Please assure that all requested funds follow these guidelines:

- Be necessary and reasonable for proper and efficient performance and administration of First Things First funds.
- Be authorized or not prohibited under State or local laws or regulations.
- Be consistent with policies, regulations, and procedures that apply uniformly to all costs charged and expended by the agency – consistent treatment of costs.
    - For example – a cost may not be assigned to another grant award as a indirect cost if any other cost incurred for the same purposes in like circumstances has been allocated to the First Things First award as an direct cost.
    - For example – a cost for a certain type of expense is charged one rate to another source of funding and a different rate to First Things First is not consistent treatment of costs.
- Be determined in accordance with generally accepted accounting principles.
- Be adequately documented.

Attachment C – Line Item Budget

Budget Period: July 1, 2010 – June 30, 2011

Budget Category	Line Item Description	Requested Funds	Total Cost
PERSONNEL SERVICES			
Salaries	Accounting Services	$5,000.00	$5,000.00
EMPLOYEE RELATED EXPENSES			
Fringe Benefits or Other ERE			
PROFESSIONAL AND OUTSIDE SERVICES			
Contracted Services			
TRAVEL			
In-State Travel Out of State Travel	Trainings and Meetings	$4,375.00	$4,375.00
AID TO ORGANIZATIONS OR INDIVIDUALS			
Subgrants or Subcontracts to organizations/agencies/entities			
OTHER OPERATING EXPENSES			
• Telephones/Communications Services			
• Internet Access			
• General Office Supplies	Charts, pens, staplers	$200.00	$200.00
• Food	Trainings/Daycare personnel	$200.00	$200.00
• Rent/Occupancy			
• Evaluation (non-contracted and non-personnel expenses)			
• Utilities			
• Furniture			
• Postage	Correspondence	$100.00	$100.00
• Software (including IT supplies)			
• Dues/Subscriptions			
• Advertising			
• Printing/Copying	Presentation Board/Cards	$380.00	$380.00
• Equipment Maintenance	Ink Jets	$596.00	$596.00
• Professional Development/Staff Training	Calibration of Equipment	$350.00	$350.00
• Conference Workshops / Training Fees for Staff	CCHC Training	$130.00	$130.00
• Insurance	Training Workshop	$ 40.00	$ 40.00
• Program Materials	Pamphlets, etc.	$1,000.00	$1,000.00
• Program Supplies	Handwashing Supplies	$ 554.00	$554.00
• Scholarships			
• Program Incentives	Posters/Coloring Books,etc.	$2,000.00	$2,000.00
CAPITAL EQUIPMENT			
Equipment $5,000 or greater in value			
NON-CAPITAL EQUIPMENT			
Equipment $4,999 or less in value	Multimedia Projector Vision equipment Handwashing Travel Boxes	$600.00 $2,068.00 $1,710.00 $500.00	$4,878.00
SUBTOTAL DIRECT COSTS		$	$19,803.00
ADMINISTRATIVE/INDIRECT COSTS			
INDIRECT COSTS	10%	$1,907.30	$ 1,980.30
Total Costs		$	$21,783.30

Attachment Form C *(Continued)*

BUDGET NARRATIVE EXPLANATION

The purpose of the budget narrative is to provide more clarity and detail on the various budget line items. The budget narrative should explain the criteria used to compute the budget figures on the budget form (Attachment C Line Item Budget). Please verify that the narrative and budget form correspond and the calculations and totals are accurate. ***Please include one narrative for your Line Item Budget of 12 months. Limit your budget categories and subcategories to those listed.***

Personnel Services: *Due to the amount offered for this program position, Gila County has chosen to use the funds for programmatic supples and to provide our trained CCHC's to implement the program as indicated. A Health Services Accounting Clerk will be the only position paid for by this grant. Set Amount per grant of $5,000.00*

Employee Related Expenses: *None*

Professional and Outside Services: *None*

Travel: *Although the contract requires payment at the state rate, the county will only reimburse employees at the county rate. Therefore, the reimbursement for this cost has been obtained by using the county rates.*
Hotels: $1,500 Per Diem: $375 Vehicle lease from county pool: $2,500. Total: $4,375.00
Includes 4 hotel stays for two current CCHC's to stay in Tuscan for evaluations and computer training. Includes 11 hotel stays for new nurse to travel to Phoenix and Tuscan for CCHC Training, evaluation and computer training. Per Diem is 15 days @ $25.00 a day county rate. Vehicle lease from the county pool is for above travel, additional travel to meetings, travel to day care centers and to presentations for day care staff and parents.

Aid to Organizations or Individuals: *N/A*

Other Operating Expenses: *Categorized in the following categories:*
Telephones / Communications Services:
Internet Access: *N/A*
General Office Supplies: *Note pads, pencils, pens, staplers for 2 locations - $200.00*
Food: *8 classes (4 at each site for providers/parents @ $50.00) - $200.00*
Rent/Occupancy: *N/A*
Evaluation (non-contracted and non-personnel expenses): *N/A*
Utilities: *N/A*
Furniture: *None*
Postage: *For correspondence with day care providers $100.00*
Software (including IT supplies): *None*
Dues/Subscriptions: *None*
Advertising:

- *Presentation Board to be used to promote the CCHC Program and FTF at Health Fairs - $260.00*
- *Business Cards for CCHC's (3 CCHC's @ $40.00 per CCHC) $120.00*

Printing/Copying:

- *Ink Jets for Printers: 3 black @ $137 each and 1 color @$185.00 - $596.00*

Equipment Maintenance: *Calibration of equipment (2) $350.00*
Professional Development/Staff Training:

Conference Workshops/ Training Fees for Staff: *Materials for CCHC training in Phoenix - $40.00*
Insurance: *None*
Program Materials: *Educational Materials – Pamphlets - $1,000.00*
Program Supplies:

- *GlitterBug Potion Pump Bottle case of 24 - $361 and case of Powder - $193 to be used for handwashing training.*

Scholarships: *N/A*
Program Incentives: *Posters for Day Cares, Educational coloring books, literature, etc. for parents and children. - $2,000.00*

Non-Capital Equipment:

- *Multimedia Projector - $600.00.*
- *2 GiltterBug MaxiCam Kits with Carry Bag - $1,470. (handwashing training at two sites for parents/staff.*
- *Vision Equipment: Train staff on vision screenings (loan to Day Cares when needed) - $2,068.00*
  - *2 color keys- $250.00*
  - *1 lang stereopsis - $130.00*
  - *1 Good lite LED Instra Line Quantum $1663.00*
  - *Opaque Occlude Glasses $25.00*
- *2 GiltterBug Buddy Kits - $240.00 (Handwashing kits to be loaners to Day Cares to educate children.)*
- *Travel Boxes (4) to transport laptops, playground inspection equipment, and information (2 per CCHC) 4 @ $125.00 - $500.00.*

Administrative/Indirect Costs: *Administrative costs are general or centralized expenses of overall administration of an organization that receives grant funds and does not include particular program costs. For organizations that have an established federally approved indirect cost rate for Federal awards, indirect costs mean those costs that are included in the organization's indirect cost rate. Such costs are generally identified with the organization's overall operation and are further described in 2 CFR 220, 2 CFR 225, and 2 CFR 230.*

Applicants must list either Option A or Option B and provide proper justification for expenses included:

Our current county rate is 10% option A.

Attachment Form D

KEY PERSONNEL OVERVIEW

STAFF MEMBER	BACKGROUND AND EXPERTISE OF PERSONNEL
Name: Lorraine Dalrymple Title: Health Services Program Manager FTE on this project: 2%	• Registered Nurse • Staff RN – Pediatrics • RN Pediatric Home Care • CCHC Certification
Name: Michelle Craft (Graney) Title: Public Health Nurse FTE on this project: 10%	• Registered Nurse • CCHC Certification
Name: Lucinda Campbell Title: Public Health Nurse FTE on this project: 10%	• Registered Nurse • CCHC Certification
Name: Ramona (Ginnie) Scales Title: Public Health Nurse FTE on this project: 5%	• Registered Nurse • Associate in Child Development • Early Childhood Education Certificate (2002) • To be CCHC Certified
Name: Title: FTE on this project:	
Name: Title: FTE on this project:	

***In addition to this overview, please attach a resume (for current personnel if not previously submitted to First Things First) or a job description (for positions to be hired and not previously submitted to First Things First) for the key individuals involved in the project.**

307 Cuprite St. Globe, AZ 85501
(928)812-2196
ginniewilliams@hotmail.com

Ramona Scales

Objective

To obtain a position that allows me to utilize my RN license and work with the public.

Experience

08/2009–present Team Select Home Health Care Mesa. AZ

Home Health Nurse

- Complete home assessments as ordered
- Maintain communication with doctors, other health care professionals as needed
- Client teaching (med, disease process, safety, ect.) as needed
- Complete necessary paperwork in a timely manner

10/2008-08/2009 Copper Mountain Inn Globe, AZ

Noc Charge Nurse

- Administer medications (oral, injectable, sl, iv), accuchecks as ordered
- Physical assessments on residents as needed
- Accept worker call-offs, find replacements for shift, deal with disputes as needed

8/2006-5/2008 Eastern Arizona College Globe, AZ

Nursing Student

- Complete necessary classroom work
- Complete clinical trainings in a professional manner
- Maintain certificates as required for program

8/2001-8/2004 Pinal Gila Community Child Services Globe, AZ

Teacher

- Run a licensed classroom for appropriate age group
- Provide educational, physical, and nutritional experiences
- Complete necessary paperwork as needed
- Attend conferences and trainings needed for job
- Continue educational agreement with facility

Education

1998-2008 Eastern Arizona College Globe, AZ

- AAS Nursing (2008)
- Child Development Associate
- Early Childhood Education Certificate (2002)
- AAS Business (2001)

Attachment E

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 funded program*. Statute ARS 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
TOTAL:			0

*Should include only those funds that will support the program detailed the awarded First Things First grant award.

Attachment Form F

FIRST THINGS FIRST STANDARD DATA COLLECTION FORM & AUTHORIZED RENEWAL SUBMISSION SIGNATURE

A. Agency Information:

Program Name (if applicable) Gila County Child Care Health Consultant Program
Agency Gila County Division Of Health and Community Services Contact Person Lorraine Dalrymple

Address 5515 S. Apache Avenue, Suite 100 Position Health Services Program Manager

Address _____ Email ldalrymp@co.gila.az.us

City, State, Zip Globe, AZ 85501 Phone (928) 402-8807 Fax (928) 425-0794

County Gila Employer Identification Number: 86-6000444

Agency Classification: _____State Agency ___X___County Government _____ Local Government _____Schools _____ Tribal

_____ Faith Based _____ Other

If any of your agency's vendor information has changed, an updated Substitute W-9 Form is necessary to change payment information.
http://www.gao.az.gov/onlineforms/forms/AZ_subw-9_010410.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/

Accounting Method: _____ Cash ___X___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 7th Street, Suite 100, Phoenix, AZ 85014

Phone Number (602) 264-3888

B. Contact Information

We strive to make sure our Partners and Grant Management System (PGMS) is always updated with the correct program contact information. Please provide us with updated contact names, addresses, phone numbers, fax numbers, email addresses, etc .for the four (4) designated contact areas in PGMS and we'll confirm the information to be correct in PGMS. Thank You!

Main Contact Information – This should be information for the person designated as the Main contact for this grant award.

Contact Person Lorraine Dalrymple

Position Health Services Program Manager

Address 5515 S. Apache Avenue, Suite 100

City, State, Zip Globe, AZ 85501

Email ldalrymp@co.gila.az.us

Phone (928) 402-8807 Fax (928) 425-0794

Program Contact Information – This should be information for the person designated as the Program contact for this grant award.

Contact Person Lorraine Dalrymple

Position Health Services Program Manager

Address 5515 S. Apache Avenue, Suite 100

City, State, Zip Globe, AZ 85501

Email ldalrymp@co.gila.az.us

Phone (928) 402-8807 Fax (928) 425-0794

Financial Contact Information – This should be information for the person designated as the Financial contact for this grant award.

Contact Person Bree'na York

Position Division Fiscal Manager

Address 5515 S. Apache Avenue, Suite 200

City, State, Zip Globe, AZ 85501

Email byork@co.gila.az.us

Phone (928) 402-8667 Fax (928) 425-9468

Evaluation Contact Information – This should be information for the evaluation contact person within the grant awarded.

Contact Person Lorraine Dalrymple

Position Health Services Program Manager

Address 5515 S. Apache Avenue, Suite 100

City, State, Zip Globe, AZ 85501

Email ldalrymp@co.gila.az.us

Phone (928) 402-8807 Fax (928) 425-0794

C. Proposed Program Information / Description:

Please make sure the description provided is current and accurate. This program information and description is the public summary First Things First uses to describe your program and is the summary information shared with the Board of First Things First and often times Regional Partnership Councils related to Statewide Programs.

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

Program Description:

This program will provide health consultation services by Certified Child Care Health Consultants (CCHC's) to regulated child care providers enrolled in Quality First. The CCHC's provide guidance regarding health and safety issues to participating providers.

D. Approval & Signature for Renewal Package (this isn't a formal agreement signature, for the Pima County Health Department, we'll send a formal grant agreement related document for formal approval signature – this is intended to be programmatic authorized approval according to the requirements in place at Pima County)

Authorized Signature: Michael A. Pastor Date 7/27/10

Michael A. Pastor,

Job Title

Chairman of the Board of Supervisors

Approved As To Form

Bryan B. Chambers
Chief Deputy Gila County Attorney