



Division for Planning and Operations

Office of Procurement

1740 West Adams Street, Room 303
Phoenix, Arizona 85007-2670
(602) 542-1040
(602) 542-1741 Fax

DOUGLAS A. DUCEY, GOVERNOR
CARA M. CHRIST, MD, DIRECTOR

August 28, 2015

Gila County Division of Health & Emergency Services
Attn: Michael A. Pastor
5515 S. Apache Avenue, Ste. 100
Globe, Arizona 85501

RE: Request for Grant Application (RFGA) No. ADHS15-00004836, for AzNN, SNAP-Ed, Local Implementation Services

Dear Mr. Pastor,

Gila County Division of Health & Emergency Services (Grantee) has been awarded a Grant pursuant to the Arizona Department of Health Services (ADHS) RFGA #ADHS15-00004836 to provide AzNN, Snap-Ed, Local Implementation Services effective October 1, 2015 for FFY16. The budgeted amount for FFY16 is \$200,638.00. The Program Manager may be contacting you to discuss revisions to the Budget and Application to match this amount of available funding. Enclosed is a copy of the executed Acceptance of Application and Grant Award.

This Grant requires verification of insurance to be provided to ADHS. A Certificate of Insurance (COI) must be submitted to ADHS within five (5) days of receipt of this correspondence. The COI must exactly match the requirements and language provided in the RFGA Terms and Conditions, Provision 27, Risk and Liability, Item 27.3, Insurance Requirements.

The Grantee must not begin work pursuant to the enclosed award notice until the ADHS Procurement Officer assigned to your Grant issues a written notice to proceed or a Purchase Order is executed. Such notice may be provided by email.

Thank you for doing business with the ADHS. If you have any questions, please contact me at 602-542-1011.

Sincerely,



Tracey Thomas
Senior Procurement Specialist

Enclosure
cc: Procurement File



**ATTACHMENT A
GRANT APPLICATION
RFGA NO. ADHS15-00004836**

Arizona Department of
Health Services
1740 W. Adams, Room 303
Phoenix, Arizona 85007
(602) 542-1040
(602) 542-1741 Fax

The Undersigned hereby applies and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications, any amendments in the Request and any written exceptions in the Application.

Applicant's Arizona Transaction (Sales) Privilege Tax License Number: N/A

Applicant's Federal Employer Identification Number: 86-6000-444

Gila County Division of Health & Emergency Services

Applicant's Name

5515 S. Apache Ave. Ste 100

Street Address

Globe AZ 85501

City State Zip Code

Telephone Number: 928-402-8813

E-Mail Address: phom@gilacountyaz.gov

Michael A. Pastor

Name of Person Authorized to Sign Application
(Please type or print)

Chairman, Board of Supervisors

Title of Authorized Person

Michael A. Pastor 7/9/15

Signature of Authorized Person Date

Facsimile Number: 928-425-0794

Acknowledgement of Amendment(s):
*(Applicant acknowledges receipt of amend-
ment(s) to the Request for Grant Application
and related documents numbered and dated*

Amendment No.	Date
<u>No. 1.</u>	<u>03/04/2015</u>
<u>No. 2.</u>	<u>03/09/2015</u>
<u>No. 3.</u>	<u>04/22/2015</u>

Amendment No.	Date
<u>No. 4</u>	<u>05/01/2015</u>
_____	_____
_____	_____

**ACCEPTANCE OF APPLICATION AND GRANT AWARD
(For State of Arizona Use Only)**

Your Application, dated 5/7/2015, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the RFGA and your Application, as accepted by the State.

This Grant will henceforth be referred to as Grant Number: _____

You are hereby cautioned not to commence any billable work or provide any material or service under this Grant until you receive an executed purchase order, Grant release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 28 day of August 2015

[Signature]

State Government Administrator