

AGENDA MATERIAL

DATE 9/17/19 ITEM NO. CC3

Contract / Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____
Effective Date: _____ Termination Date: _____ Prior Contract Number (Synergen/CMS): _____
 Expense Amount: \$* _____ Revenue Amount: \$ _____

*Funding Source(s) required:

Funding from General Fund? Yes No If Yes \$ _____ % _____

Contract is fully or partially funded with Federal Funds? Yes No

If Yes, is the Contract to a vendor or subrecipient? _____

Were insurance or indemnity clauses modified? Yes No

If Yes, attach Risk's approval.

Vendor is using a Social Security Number? Yes No

If Yes, attach the required form per Administrative Procedure 22-73.

Amendment / Revised Award Information

Document Type: CT Department Code: BH Contract Number (i.e., 15-123): 20*0034

Amendment No.: 5 AMS Version No.: 23 088

Effective Date: 10/01/2019 9/30/19 New Termination Date: 09/30/2020

Prior Contract No. (Synergen/CMS): CT-OMS-16*051

Expense or Revenue Increase Decrease Amount This Amendment: \$ N/A

Is there revenue included? Yes No If Yes \$ _____

*Funding Source(s) required: N/A

Funding from General Fund? Yes No If Yes \$ N/A % N/A

Grant/Amendment Information (for grants acceptance and awards) Award Amendment

Document Type: _____ Department Code: _____ Grant Number (i.e., 15-123): _____

Effective Date: _____ Termination Date: _____ Amendment Number: _____

Match Amount: \$ _____ Revenue Amount: \$ _____

*All Funding Source(s) required:

*Match funding from General Fund? Yes No If Yes \$ _____ % _____

*Match funding from other sources? Yes No If Yes \$ _____ % _____

*Funding Source: _____

*If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)? _____

Contact: April Guzman

Department: Behavioral Health Telephone: 520-724-7515

Department Director Signature/Date: [Signature] / 8/26/19

Deputy County Administrator Signature/Date: [Signature] / 8/24/19

County Administrator Signature/Date: [Signature] / 8/27/19
(Required for Board Agenda/Addendum Items)

SFP 1519M044PC1KCFB0
AFS

Pima County Department of Behavioral Health

Project: Court Ordered Evaluation Services Pursuant to ARS Title 36, Chapter 5

Contractor: Sonora Behavioral Health, 6050 N. Corona Rd., Tucson, Az. 85704

Contract No.: CT-OMS-16*0051 CONVERTED TO CT-BH-20*0034

Contract Amendment No.: 05

Orig. Contract Term: 10/01/15 – 09/30/16	Orig. Amount:	\$750,000.00
Termination Date Prior Amendment: 09/30/2019	Prior Amendments Amount:	\$1,500,000.00
Termination Date This Amendment: 09/30/2020	This Amendment Amount:	\$0.00
	Revised Total Amount:	\$2,250,000.00

CONTRACT AMENDMENT

The parties agree to amend the above-referenced contract as follows:

1. Background and Purpose.

1.1. Background. On 10/01/2015, County and Contractor entered into the above referenced agreement to provide Court Ordered Evaluation Services.

1.2. Purpose. County to extend the Contract (CT) for an additional year.

2. Term. The Contract terminates on 09/30/2020. No further extensions are available.

3. Maximum Payment Amount. County's total payments to Contractor under this contract including any sales taxes will remain at the maximum amount of \$2,250,000.00 from the date of the original contract beginning 10/01/2015.

The effective date of this Amendment is September 30, 2019.

All other provisions of the Contract not specifically changed by this Amendment remain in effect and are binding upon the parties.