



**BOARD OF SUPERVISORS AGENDA ITEM REPORT  
CONTRACTS / AWARDS / GRANTS**

Award  Contract  Grant

Requested Board Meeting Date: 11/07/2017

\* = Mandatory, information must be provided

or Procurement Director Award

**\*Contractor/Vendor Name/Grantor (DBA):**

University of Arizona

**\*Project Title/Description:**

Implementation Enhancements to the Pima County Drug Court Program and Drug Treatment Alternative to Prison Program (DTAP).

**\*Purpose:**

To provide program evaluation services for the Drug Alternative to Prison (DTAP) Program. Amendment #3 will extend contract for one year, change funding source and add funding.

**\*Procurement Method:**

Direct Select. D29.6

**\*Program Goals/Predicted Outcomes:**

The evaluation team will provide evaluation services in order to assess the implementation and outcomes of the DTAP Program. In addition, the evaluation team will work with the DTAP staff and partners to identify and prioritize specialized evaluation reports based on program needs.

**\*Public Benefit:**

The DTAP program reduces recidivism, saves millions of taxpayer dollars, saves lives and reunites families.

**\*Metrics Available to Measure Performance:**

Pima County Attorney's Office will be reviewing and approving invoices to monitor services provided under this agreement required meet the needs of the program.

**\*Retroactive:**

Yes. Signed contract was received late from contractor(10/17/2017).

*To: COB- 10-25-17  
pgs- 2*

**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

**\*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: PCA Contract Number (i.e., 15-123): 15-132

Amendment No.: 3 AMS Version No.: 13

Effective Date: 10/01/2017 New Termination Date: 09/30/2018

Prior Contract No. (Synergen/CMS): \_\_\_\_\_

Expense or  Revenue  Increase  Decrease Amount This Amendment: \$ 35,000.00

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

**\*Funding Source(s) required:** Drug Treatment Alternative to Prison Program (DTAP) BHTCC Behavioral Health Treatment Court Collaboration (\$10,000.00) and AOC Administrative Office of the Courts (\$25,000.00)

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

**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: Rozana Villanes

Department: Pima County Attorney's Office

Telephone: 724-5631

Department Director Signature/Date: DAVE SMUST 10/25/17

Deputy County Administrator Signature/Date: \_\_\_\_\_

County Administrator Signature/Date: [Signature] 10/25/17

*(Required for Board Agenda/Addendum Items)*

<p><b>Pima County Attorney's Office</b></p> <p><b>Project: Ongoing Evaluation of the Drug Treatment Alternative to Prison Program</b></p> <p><b>Contractor: The Arizona Board of Regents, University of Arizona on behalf of John &amp; Doris Norton School of Family and Consumer Sciences PO Box 210158, Rm 510 Tucson, AZ 85721-0158</b></p> <p><b>Contract No.: CT-PCA-15-132</b></p> <p><b>Contract Amendment No.: Three (#3)</b></p>	<table border="1"> <tr> <td style="text-align: center;"><b>CONTRACT</b></td> </tr> <tr> <td>NO. <u>CT-PCA-15-132</u></td> </tr> <tr> <td>AMENDMENT NO. <u>03</u></td> </tr> <tr> <td>This number must appear on all invoices, correspondence and documents pertaining to this contract.</td> </tr> </table> <p>(STAMP HERE)</p>	<b>CONTRACT</b>	NO. <u>CT-PCA-15-132</u>	AMENDMENT NO. <u>03</u>	This number must appear on all invoices, correspondence and documents pertaining to this contract.
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<b>Orig. Contract Term:</b> 10/01/2014 – 09/30/2015	<b>Orig. Amount:</b>	\$ 25,000.00
<b>Termination Date Prior Amendment:</b> 09/30/2017	<b>Prior Amendments Amount:</b>	\$111,000.00
<b>Termination Date This Amendment:</b> 09/30/2018	<b>This Amendment Amount:</b>	\$ 35,000.00
	<b>Revised Total Amount:</b>	\$171,000.00

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**CONTRACT AMENDMENT**

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

1. **Term.** The Contract terminates on September 30, 2018.
2. **Maximum Payment Amount.** The maximum amount the County will spend under this Contract, is increased by \$35,000. County's total payments to Contractor under this contract, including any sales taxes, will not exceed \$171,000.

The effective date of this Amendment is October 01, 2017.

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

**PIMA COUNTY**

\_\_\_\_\_  
Chair, Board of Supervisors

\_\_\_\_\_  
Date

ATTEST

\_\_\_\_\_  
Clerk of the Board

\_\_\_\_\_  
Date

APPROVED AS TO FORM

  
\_\_\_\_\_  
Deputy County Attorney

Tobin Rosen  
Print DCA Name

10/17/17  
Date

**CONTRACTOR**

Arizona Board of Regents  
University of Arizona

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

**Mark A. Drury**

**Contracts Manager**

\_\_\_\_\_  
Printed Name and Title

10/5/2017  
Date

APPROVED AS TO CONTENT

  
\_\_\_\_\_  
David Smutzer, Department Head

10/18/17  
Date