



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

☒ Award ☐ Contract ☐ Grant

Requested Board Meeting Date: 11/19/19

** = Mandatory, information must be provided*

or Procurement Director Award ☐

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

American Family Life Assurance Company dba AFLAC

***Project Title/Description:**

Supplemental Benefits

***Purpose:**

Amendment of Award: Master Agreement No. MA-PO-17-118, Amendment No. 1. This Amendment is for a one-time increase in the amount of \$2,000,000.00 for a cumulative not-to-exceed contract amount of \$4,100,000.00.

Administering Department: Human Resources.

***Procurement Method:**

Pursuant to Pima County Procurement Code 11.12.020, Competitive sealed proposals, on December 13, 2016, the Board of Supervisors approved an award of contract for an initial term of five (5) years and award amount of \$2,100,000.00 with no renewal options.

The increase is needed due to the usage of this contract being underestimated.

PRCUID: 228829

Attachment: Master Agreement.

***Program Goals/Predicted Outcomes:**

To provide affordable benefits related services to Pima County employees.

***Public Benefit:**

To attract and retain qualified employees by providing a comprehensive benefits package.

***Metrics Available to Measure Performance:**

Ensure plans and administration is adequate to support the Pima County employees/

***Retroactive:**

No.

TO: COB 10/24/19 (1)
VERS: 5
PGS: 2

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 22-10.

Amendment / Revised Award Information

Document Type: MA Department Code: PO Contract Number (i.e., 15-123): 17-118

Amendment No.: 1 AMS Version No.: 5

Effective Date: 11/19/2019 New Termination Date: _____

Prior Contract No. (Synergen/CMS): _____

☒ Expense or ☐ Revenue ☒ Increase ☐ Decrease Amount This Amendment: \$ 2,000,000.00

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

***Funding Source(s) required:** Payroll Deduction

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: Kelsey Braun, Procurement Officer *KMB*

Department: Procurement

Department Director Signature/Date: *[Signature]* 10/23/19 Telephone: (520) 724-7466

Deputy County Administrator Signature/Date: *[Signature]* 10/23/2019

County Administrator Signature/Date: *[Signature]* 10/23/2019

(Required for Board Agenda/Addendum Items)



MASTER AGREEMENT

PIMA COUNTY, ARIZONA

THIS IS NOT AN ORDER - TRANSMISSION CONSTITUTES
CONTRACT EXECUTION

Master Agreement No: 1700000000000000118

MA Version: 5

Page: 1 of 2

Description: Supplemental Benefits

I S S U E R	Pima County Procurement Department	T E R M S	Initiation Date:	11-19-2019				
	130 W. Congress St. 3rd Fl		Expiration Date:	06-30-2022				
	Tucson AZ 85701							
	Issued By: Kelsey Braun-Shirley							
	Phone: 5207247466							
	Email: kelsey.braun-shirley@pima.gov							
			<table><tr><td>NTE Amount:</td><td>\$4,100,000.00</td></tr><tr><td>Used Amount:</td><td>\$1,909,835.97</td></tr></table>		NTE Amount:	\$4,100,000.00	Used Amount:	\$1,909,835.97
NTE Amount:	\$4,100,000.00							
Used Amount:	\$1,909,835.97							

V E N D O R	AMERICAN FAMILY LIFE ASSURANCE COMPANY	Contact:	SANDRA SARFF
	DBA: AFLAC	Phone:	520-293-4422
	6700 N ORACLE RD STE 240	Email:	sandra_sarff@us.aflac.com
	TUCSON AZ 85704	Terms:	0.00 %
		Days:	30

Shipping Method:	Vendor Method
Delivery Type:	
FOB:	FOB Dest, Freight Prepaid
Modification Reason	
This Amendment No. 1 is for a one-time increase in the amount of \$2,000,000.00 for a cumulative not-to-exceed contract amount of \$4,100,000.00.	

This Master Agreement incorporates the attached documents, and by reference all instructions, Standard Terms and Conditions, Special Terms and Conditions, and requirements that are included in or referenced by the solicitation documents used to establish this agreement. All transactions and conduct are required to conform to these documents.



MASTER AGREEMENT DETAILS

Master Agreement No: 17000000000000000118

MA Version: 5

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Line	Description		
1	Supplemental Benefits		
	Service Contract Amt (Not-To-Exceed)	Service From	Service To
	4100000.00	2017-07-01	2022-06-30