



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

Requested Board Meeting Date: 4/4/17

or Procurement Director Award

Contractor/Vendor Name (DBA): Davis Vision, Inc.

Project Title/Description:

Employee Prepaid Vision Insurance

Purpose:

Amendment of Award: Master Agreement MA-PO-16-200. This amendment increases the annual award amount by \$100,000.00 from \$289,000.00 to \$389,000.00. Administering Department: Human Resources.

Procurement Method:

Pursuant to Pima County Procurement Code 11.12.030, Competitive Sealed Proposals, on 2/2/16, the Board of Supervisors approved an award of contract for an initial term of one (1) year in the annual award amount of \$289,000.00 with four (4) renewal options.

This Amendment No. 1, increases the annual award amount by \$100,000.00 from \$289,000.00 to \$389,000.00 for a cumulative not-to-exceed contract amount of \$389,000.00. This increase is necessary as the number of employees utilizing this benefit has gone from 2,800 to 3,500. This voluntary benefit is paid 100% by Pima County Employees.

PRCUID No.: 197926

Program Goals/Predicted Outcomes:

To provide affordable vision services to Pima County employees.

Public Benefit:

Increased vision benefits provided to Pima County employees.

Metrics Available to Measure Performance:

Human Resources will monitor the network of service providers to ensure adequate and timely support to Pima County employees.

Retroactive:

No.

Original 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): _____

Cost to Pima County General Fund: _____

Contract is fully or partially funded with Federal Funds? Yes No Not Applicable to Grant Awards

Were insurance or indemnity clauses modified? Yes No Not Applicable to Grant Awards

Vendor is using a Social Security Number? Yes No Not Applicable to Grant Awards

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

Amendment Information

Document Type: MA Department Code: PO Contract Number (i.e.,15-123): 16-200

Amendment No.: 1 AMS Version No.: 4

Effective Date: 04/04/2017 New Termination Date: _____

Expense Revenue Increase Decrease Amount This Amendment: \$ 100,000.00

Funding Source(s): 100% Employee Contributions

Cost to Pima County General Fund: \$0.00

Contact: Debbie Knutson, Commodity Contracts Officer *DK* *She W. Jg 3/21/17*

Department: Procurement *3-22-17* Telephone: 520.724.3736

Department Director Signature/Date: *[Signature]* Mar 29, 2017

Deputy County Administrator Signature/Date: *[Signature]* 3-30-17

County Administrator Signature/Date: *[Signature]* 3-30-2017

(Required for Board Agenda/Addendum Items)



PIMA COUNTY

MASTER AGREEMENT

PIMA COUNTY, ARIZONA

THIS IS NOT AN ORDER - TRANSMISSION CONSTITUTES CONTRACT EXECUTION

Master Agreement No: 1600000000000000200

MA Version: 4

Page: 1 of 2

Description: Employee Prepaid Vision Insurance

I S S U E R	Pima County Procurement Department
	130 W. Congress St. 3rd Fl
	Tucson AZ 85701
	Issued By: DEBORAH KNUTSON
	Phone: 5207243736
	Email: debbie.knutson@pima.gov

T E R M S	Initiation Date: 04-04-2017
	Expiration Date: 06-30-2017
	NTE Amount: \$389,000.00
	Used Amount: \$253,079.56

V E N D O R	DAVIS VISION INC	Contact: davis vision AE
	DBA: DAVIS VISION INC	Phone: 800-328-4728
	159 EXPRESS ST	Email: rflog@davisvision.com
	PLAINVIEW NY 11803	Terms: 0.00 %
		Days: 30

Shipping Method:	Vendor Method
Delivery Type:	
FOB:	FOB Dest, Freight Prepaid
Modification Reason	
Amendment of Award: Increases annual award amount by \$100,000.00 from \$289,000.00 to \$389,000.00.	

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.



PIMA COUNTY

MASTER AGREEMENT DETAILS

Master Agreement No: 1600000000000000200

MA Version: 4

Page: 2 of 2

Line	Description	UOM	Unit Price	Stock Code	VPN	MPN
1	Employee Only Discount 0.0000 %	EA	\$5.62			
2	Employee & Spouse Discount 0.0000 %	EA	\$8.94			
3	Employee & Children Discount 0.0000 %	EA	\$10.74			
4	Employee & Family Discount 0.0000 %	EA	\$11.96			
5	For Items Not Specifically listed Discount 0.0000 %		\$0.00			

<p>Pima County Department of Human Resources</p> <p>Project: Employee Pre-Paid Vision Insurance</p> <p>Contractor: Davis Vision, Inc. 159 Express St. Plainview, NY 11803</p> <p>Contract No.: MA-PO-16-200</p> <p>Contract Amendment No.: One (1)</p>	<table border="1"> <tr> <td align="center" colspan="2">CONTRACT</td> </tr> <tr> <td>NO.</td> <td><u>MA-PO-16-200</u></td> </tr> <tr> <td>AMENDMENT NO.</td> <td><u>01</u></td> </tr> <tr> <td colspan="2">This number must appear on all invoices, correspondence and documents pertaining to this contract.</td> </tr> </table>	CONTRACT		NO.	<u>MA-PO-16-200</u>	AMENDMENT NO.	<u>01</u>	This number must appear on all invoices, correspondence and documents pertaining to this contract.	
CONTRACT									
NO.	<u>MA-PO-16-200</u>								
AMENDMENT NO.	<u>01</u>								
This number must appear on all invoices, correspondence and documents pertaining to this contract.									

Orig. Contract Term: 07/01/2016 – 06/30/2017	Orig. Amount:	\$289,000.00
Termination Date Prior Amendment:	Prior Amendments Amount:	\$ 0.00
Termination Date This Amendment: 05/30/2017	This Amendment Amount:	\$100,000.00
	Revised Total Amount:	\$389,000.00

CONTRACT AMENDMENT

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

1. County's total payments to Contractor under this Contract will not exceed \$389,000.00.

The effective date of this Amendment is April 4, 2017.

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

PIMA COUNTY

CONTRACTOR

Chair, Board of Supervisors



Authorized Officer Signature

Date

Denny Bertley, President

Printed Name and Title

ATTEST

3/29/17


Date

Clerk of the Board

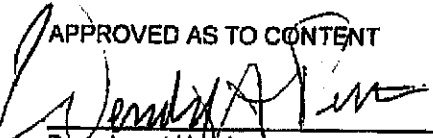
Date

APPROVED AS TO FORM

APPROVED AS TO CONTENT



Deputy County Attorney



Department Head

Tobin Rosen

Print DCA Name

Mar 29, 2017

Date

3/22/17

Date