



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

Award  Contract  Grant

Requested Board Meeting Date: August 7, 2018

\* = Mandatory, information must be provided

or Procurement Director Award

**\*Contractor/Vendor Name/Grantor (DBA):**  
American Indian Association d/b/a Tucson Indian Center

**\*Project Title/Description:**  
Native American Employment Policy

**\*Purpose:**  
Requesting approval to extend the Native American Employment Policy Contract with the American Indian Association of Tucson, d/b/a Tucson Indian Center through June 30, 2019. The services that Tucson Indian Center provides support the Native American Employment Policy and promotes the recruitment and retention of Native Americans in the Pima County workforce. The Board of Supervisors has designated the Tucson Indian Center as the point of contact for the County as well as the community and the sole provider of contracted services since December 5, 1995.

**\*Procurement Method:**  
Direct Select BOS Policy D29.6

**\*Program Goals/Predicted Outcomes:**  
Promote the recruitment and retention of Native Americans in the Pima County workforce. Remain in compliance with Board of Supervisors Policy D21.4

**\*Public Benefit:**  
Enhance Employment opportunities for qualified and available Native Americans.

**\*Metrics Available to Measure Performance:**  
Tucson Indian Center will provide reports on a quarterly basis of the local Native Americans it referred to the County to Pima County Human Resources Supervisor of Recruitment and Selection.

**\*Retroactive:**  
The contract process took longer than anticipated. If not approved the county will not be in compliance with Board Policy D.21.4

JUL 27 10:52 AM '18

BJ

To: COB - 7.25.18  
pgs - 2  
(1)  
Addendum

Procure Dept 07/25/18 PM 01:55

**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: HR Contract Number (i.e.,15-123): CT18\*016

Amendment No.: One (1) AMS Version No.: 2

Effective Date: 07/01/2018 New Termination Date: 06/30/2019

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

Expense or  Revenue  Increase  Decrease Amount This Amendment: \$ 15,000.00

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

**\*Funding Source(s) required:** Human Resources General Fund

Funding from General Fund?  Yes  No If Yes \$ 15,000.00 % 100

**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: Marchelle Pappas

Department: Human Resources

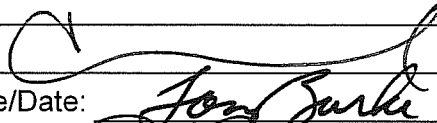
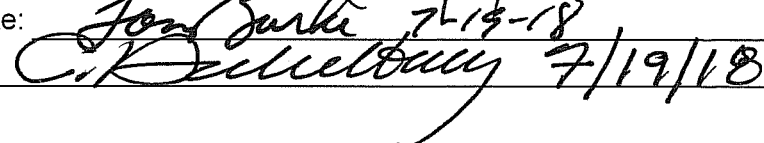
Telephone: 520-724-2732

Department Director Signature/Date: \_\_\_\_\_

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

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

*(Required for Board Agenda/Addendum Items)*

*Handwritten signatures and dates:*  
 7/16/18  
 7/19/18

**Pima County Department of Human Resources**

**Project: Native American Employment Policy**

**Contractor: American Indian Association d/b/a  
Tucson Indian Center (TIC)**

**Contract No.: CT-HR-18-016**

**Contract Amendment No.: One (1)**

**CONTRACT**

NO. CT-HR-18-016

AMENDMENT NO. 01

This number must appear on all  
invoices, correspondence and  
documents pertaining to this  
contract.

(STAMP HERE)

**Orig. Contract Term:** 07/01/2017 – 06/30/2018

**Termination Date Prior Amendment:** 06/30/18

**Termination Date This Amendment:** 06/30/19

**Orig. Amount:**

\$15,000.00

**Prior Amendments Amount:**

\$ 0.00

**This Amendment Amount:**

\$15,000.00

**Revised Total Amount:**

\$30,000.00

**CONTRACT AMENDMENT**

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

- 1. Term.** The Contract terminates on June 30, 2019.
- 2. Maximum Payment Amount.** The maximum amount the County will spend under this Contract, as set forth in Section 5.2, is increased by \$15,000.00. County's total payments to Contractor under this contract, including any sales taxes, will not exceed \$30,000.00.

The effective date of this Amendment is July 1, 2018.

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

**PIMA COUNTY**

\_\_\_\_\_  
Chairman, Board of Supervisors

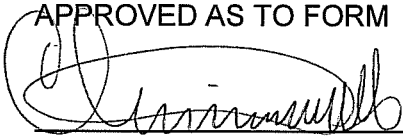
\_\_\_\_\_  
Date

**ATTEST**

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

\_\_\_\_\_  
Date

**APPROVED AS TO FORM**



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

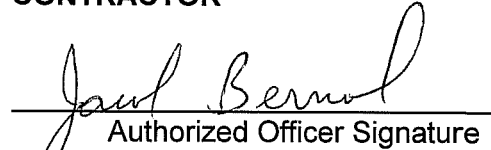
**CHRISTOPHER STRAUB**

\_\_\_\_\_  
Print DCA Name

6-13-2018

Date

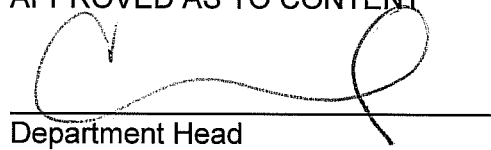
**CONTRACTOR**

  
Authorized Officer Signature

Jacob Bernal / Executive Director  
Printed Name and Title

6/15/18  
Date

**APPROVED AS TO CONTENT**

  
Department Head

6/14/18

Date

(if required by County Department or delete)