



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

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: 07/01/2025

\* = Mandatory, information must be provided

or Procurement Director Award: ☐

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

Humane Borders, Inc.

**\*Project Title/Description:**

Water Distribution Services in the Remote Areas of Pima County

**\*Purpose:**

Contractor will provide and maintain industrial strength water stations and portable water in various remote sonoran desert locations in Pima County to help reduce deaths by dehydration as well as reduce the need for aggressive search and rescue operations in remote areas of Pima County.

**\*Procurement Method:**

Pima County Board of Supervisors Policy D29.6 III.C-Direct Selection.

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

The goal is to save people from the adverse health consequences and reduce death due to dehydration providing water stations, drinking water and humanitarian aid information on the hazards of crossing the sonoran desert areas.

**\*Public Benefit:**

Recognizing the financial consequences these deaths have on our community resources, contractor provides a service to support Pima County by helping reduce the costs related to the provision of healthcare, law enforcement, coroner services and burial services caused by dehydration and exposure. Contractor will continue to provide bi-national educational campaigns at the United States Mexico border informing people on the dangers of crossing the desert by foot to encourage people to not cross the desert in the borderlands.

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

Contractor publishes weekly reports to document its activities, including the number of water stations services and water gallons added by volunteers at noted water stations.

**\*Retroactive:**

No

TO: COB 5-29-25(1)  
Vers: 1  
PGS: 2

MAY 29 '25 AM 09:48 PD

THE APPLICABLE SECTION(S) BELOW MUST BE COMPLETED

Click or tap the boxes to enter text. If not applicable, indicate "N/A". Make sure to complete mandatory (\*) fields

**Contract / Award Information**

Document Type: \_\_\_\_\_ Department Code: \_\_\_\_\_ Contract Number (i.e., 15-123): \_\_\_\_\_  
Commencement 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: PO Department Code: CA Contract Number (i.e., 15-123): CT 23\*378  
Amendment No.: 02 AMS Version No.: 1  
Commencement Date: 07/01/2025 New Termination Date: 06/30/2026  
Prior Contract No. (Synergen/CMS): CT-CA-23\*378

☒ Expense ☐ Revenue ☒ Increase ☐ Decrease

Amount This Amendment: \$ 30,000.00

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

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

Funding from General Fund? ☒ Yes ☐ No If Yes \$ 30,000.00 % \_\_\_\_\_

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

☐ Award ☐ Amendment

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

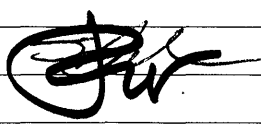
\*If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?

Contact: Johanna Encinas

Department: CA

Telephone: 520.724.8661

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

Deputy County Administrator Signature:  Date: 5-27-2025

County Administrator Signature: \_\_\_\_\_ Date: 5/27/2025

**Pima County Department of County Administration**

**Project: Water Distribution Services in the Remote Areas of Pima County**

**Contractor: Humane Borders, Inc.**

**Contract No.: CT\_23000000000000000378 (FKA CT-CA-23\*378)**

**Contract Amendment No.: 02**

<b>Orig. Contract Term:</b> 07/01/2023 - 06/30/2024	<b>Orig. Amount:</b>	\$30,000.00
<b>Termination Date Prior Amendment:</b> 06/30/2025	<b>Prior Amendments Amount:</b>	\$30,000.00
<b>Termination Date This Amendment:</b> 06/30/2026	<b>This Amendment Amount:</b>	\$30,000.00
	<b>Revised Total Amount:</b>	\$90,000.00

**CONTRACT AMENDMENT**

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

- Background and Purpose.** This Contract is between the parties of Pima County, a body of politic and corporate of the State of Arizona ("County"), and Humane Borders, Inc. ("Contractor")
  - Background.** On July 1, 2023, County and Contractor entered into the above referenced agreement to provide water distribution services in the remote areas of Pima County
  - Purpose.** County requires additional continued provision of water distribution services to save people from the adverse health consequences of death due to dehydration and exposure in remote areas of Pima County.
- Term.** The County is exercising the 2nd extension option to renew the contract for one additional year commencing on July 1, 2025 and terminating on June 30, 2026. If the commencement date is before the Effective Date of this amendment, the parties will, for all purposes, deem the amendment to have been in effect as of the commencement date.
- Maximum Payment Amount.** The maximum amount the County will spend under this Contract, as set forth in Section 5.2, is increased by \$30,000.00. County's total payments to Contractor under this contract, including any sales taxes, will not exceed \$90,000.00.

**Heat Injury and Illness Prevention and Safety Plan.** Pursuant to Pima County Procurement Code 11.40.030, Contractor hereby warrants that if Contractor's employees perform work in an outdoor environment under this Contract, Contractor will keep on file a written Heat Injury and Illness Prevention and Safety Plan. At County's request, Contractor will provide a copy of this plan and documentation of heat safety and mitigation efforts implemented by Contractor to prevent heat-related illnesses and injuries in the workplace. Contractor will post a copy of the Heat Injury and Illness Prevention and Safety Plan where it is accessible to employees.

**Contract No.: CT\_23000000000000000378**

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*Revised 9/19/24*

Contractor will further ensure that each subcontractor who performs any work for Contractor under this Contract complies with this provision.

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**

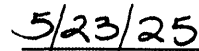
  
\_\_\_\_\_  
Deputy County Attorney

**CONTRACTOR**

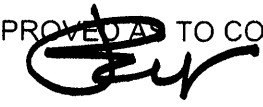


\_\_\_\_\_  
Authorized Officer Signature

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

  
\_\_\_\_\_  
Date

**APPROVED AS TO CONTENT**

  
\_\_\_\_\_  
Jan Lesh, County Administrator