



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

Award    Contract    Grant

Requested Board Meeting Date: January 5, 2021

\* = Mandatory, information must be provided

or Procurement Director Award

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

McKesson Medical- Surgical Government Solutions LLC

**\*Project Title/Description:**

Medical Supplies

**\*Purpose:**

Amendment of Award: Master Agreement No. MA-PO-20-056, Amendment No.02. This Amendment increases the annual award amount by \$250,000.00 from \$250,000.00 to \$500,000.00 for a cumulative not-to-exceed contract amount of \$1,250,000.00.

Administering Department: Health.

**\*Procurement Method:**

Pursuant to Pima County Procurement Code 11.24.010, Cooperative procurement authorized, on January 24, 2020, the Procurement Director approved an award of contract for an initial term of one (1) year and an annual award amount of \$250,000.00 with four (4) one-year renewal options.

On 04/07/20, the Board of Supervisors approved a one-time increase in the amount of \$500,000.00 for a cumulative not-to-exceed contract amount of \$750,000.00. This increase was required to cover cost of additional medical supplies needed due to COVID-19.

This increase is required to cover the cost of additional medical supplies needed due to COVID-19.

PRCUID: 350575

Attachment: Master Agreement.

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

To provided professional quality medical supplies to Pima County Departments.

**\*Public Benefit:**

Provide medical care for Pima County residents.

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

Quality and performance of medical supplies

**\*Retroactive:**

No

To: COB  
12-21-20 (1)  
Pages: 4  
Ver: 10

**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: MA Department Code: PO Contract Number (i.e., 15-123): 20-056

Amendment No.: 02 AMS Version No.: 10

Commencement Date: 01/05/21 New Termination Date: \_\_\_\_\_

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

Expense or  Revenue  Increase  Decrease Amount This Amendment: \$ 250,000.00

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

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

Funding from General Fund?  Yes  No If Yes \$ \_\_\_\_\_ % 100

**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: Vanessa Mendoza, Procurement Officer Digitally signed by Vanessa Mendoza Date: 2020.12.21 09:38:56 -07'00'

Department: Procurement Digitally signed by Mary Jo Furphy Date: 2020.12.21 09:44:57 -07'00' Telephone: 520-724-8164

Department Director Signature/Date: Donald Gates Digitally signed by Donald Gates Date: 2020.12.21 09:58:32 -07'00'

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

County Administrator Signature/Date: \_\_\_\_\_  
*(Required for Board Agenda/Addendum Items)*



# MASTER AGREEMENT

## PIMA COUNTY, ARIZONA

**THIS IS NOT AN ORDER - TRANSMISSION CONSTITUTES  
CONTRACT EXECUTION**

Master Agreement No: 2000000000000000056

MA Version: 10

Page: 1 of 2

Description: Medical Supplies

<b>I S S U E R</b>	<p>Pima County Procurement Department 150 W. Congress St. 5th Fl Tucson AZ 85701</p> <p><b>Issued By:</b> VANESSA MENDOZA <b>Phone:</b> 5207248164 <b>Email:</b> vanessa.mendoza@pima.gov</p>
--	---

<b>T E R M S</b>	<p><b>Initiation Date:</b> 01-05-2021 <b>Expiration Date:</b> 02-15-2021</p> <table border="1" style="margin: 10px auto; width: 80%;"> <tr> <td><b>NTE Amount:</b></td> <td style="text-align: right;"><b>\$1,250,000.00</b></td> </tr> <tr> <td><b>Used Amount:</b></td> <td style="text-align: right;"><b>\$636,324.55</b></td> </tr> </table>	<b>NTE Amount:</b>	<b>\$1,250,000.00</b>	<b>Used Amount:</b>	<b>\$636,324.55</b>
<b>NTE Amount:</b>	<b>\$1,250,000.00</b>				
<b>Used Amount:</b>	<b>\$636,324.55</b>				

<b>V E N D O R</b>	<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>McKesson Medical-Surgical Government Solutions LLC</b> 1690 New Britain Ave Farmington CT 06032</p> </td> <td style="width: 50%; vertical-align: top;"> <p><b>Contact:</b> Bonnie Irish <b>Phone:</b> 800-243-1464 <b>Email:</b> bid@mooremedical.com <b>Terms:</b> 0.00 % <b>Days:</b> 30</p> </td> </tr> </table>	<p><b>McKesson Medical-Surgical Government Solutions LLC</b> 1690 New Britain Ave Farmington CT 06032</p>	<p><b>Contact:</b> Bonnie Irish <b>Phone:</b> 800-243-1464 <b>Email:</b> bid@mooremedical.com <b>Terms:</b> 0.00 % <b>Days:</b> 30</p>
<p><b>McKesson Medical-Surgical Government Solutions LLC</b> 1690 New Britain Ave Farmington CT 06032</p>	<p><b>Contact:</b> Bonnie Irish <b>Phone:</b> 800-243-1464 <b>Email:</b> bid@mooremedical.com <b>Terms:</b> 0.00 % <b>Days:</b> 30</p>		

<b>Shipping Method:</b>	Vendor Method
<b>Delivery Type:</b>	
<b>FOB:</b>	FOB Dest, Freight Prepaid
<b>Modification Reason</b>	
Amendment No. 02 increases the annual award amount by \$250,000.00 from \$250,000.00 to \$500,000.00 for a cumulative not-to-exceed contract amount of \$1,250,000.00.	

**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: 20000000000000000056

MA Version: 10

Page: 2 of 2

Line Description

---

Line	Description	UOM	Unit Price	Stock Code	VPN	MPN
2	Medical Supplies Free Form Discount 0.0000 %		\$0.00			