



BOARD OF SUPERVISORS AGENDA ITEM REPORT CONTRACTS / AWARDS / GRANTS

Award Contract Grant

Requested Board Meeting Date: 04/02/19

* = Mandatory, information must be provided

or Procurement Director Award

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

University of Arizona (U of A), Arizona Health Sciences Center

***Project Title/Description:**

Arizona Telemedicine Program

***Purpose:**

Access to the U of A Telemedicine Network to transmit x-rays and other data generated at the Pima County Adult Detention Center (PCADC) to providers located outside of the PCADC.

Amendment #1 adds \$1,500.00 due to estimated total of the five year IGA being a little lower than actual expense is anticipated to be.

***Procurement Method:**

Intergovernmental Agreement - procurement exempt

***Program Goals/Predicted Outcomes:**

Provide the healthcare provider at the PCADC with continued access to the U of A Telemedicine Network for transmission of x-rays and telemedicine.

***Public Benefit:**

The large file sizes of x-rays and the confidentiality of health information make data transmission over the internet problematic. The U of A Telemedicine Network provides a solution to this issue.

***Metrics Available to Measure Performance:**

Bi-annual invoices provide information on usage of the line.

***Retroactive:**

No.

To: CCB - 2-27-19

CC: - 2
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CII

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: OMS Contract Number (i.e., 15-123): 14-502

Amendment No.: 01 AMS Version No.: 11

Effective Date: 06/01/2019 New Termination Date: _____

Prior Contract No. (Synergen/CMS): N/A

Expense or Revenue Increase Decrease Amount This Amendment: \$ 1,500.00

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

*Funding Source(s) required: General Fund

Funding from General Fund? Yes No If Yes \$ 1,500.00 % 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: April Guzman

Department: Behavioral Health Telephone: 520-724-7515

Department Director Signature/Date: *April Guzman* 2-25-19 / *CD* 2/26/19

Deputy County Administrator Signature/Date: *Deputy County Administrator* 2-25-19 / *CD* 2/26/19

County Administrator Signature/Date: *County Administrator* 2/26/19
(Required for Board Agenda/Addendum Items)

<p>Pima County Department of Behavioral Health</p> <p>Project: Arizona Telemedicine Program</p> <p>Contractor: University of Arizona Arizona Health Sciences Center 1501 North Campbell Avenue, P.O. Box 245171 Tucson, Arizona, 85724</p> <p>Contract No.: CT-OMS-14-502</p> <p>Contract Amendment No.: 01</p>	
	(STAMP HERE)

Orig. Contract Term: 07/01/2014 - 06/30/2019	Orig. Amount: \$30,500.00
Termination Date Prior Amendment: N/A	Prior Amendments Amount: \$ N/A
Termination Date This Amendment: 06/30/2019	This Amendment Amount: \$ 1,500.00
	Revised Total Amount: \$32,000.00

INTERGOVERNMENTAL AGREEMENT AMENDMENT

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

1. Background and Purpose.

1.1. **Background.** On August 5, 2014, County and University entered into the above referenced agreement to participate in the Arizona Telemedicine Program.

1.2. **Purpose.** County requires the addition of funds to the Agreement for payment of the final invoice because the usage over the five year period has been slightly above the estimated amount.

2. Maximum Payment Amount. The maximum amount the County will spend under this Agreement, as set forth in EXHIBIT D, is increased by \$1,500.00. County's total payments to University under this agreement, including any sales taxes, will not exceed \$32,000.00.

The effective date of this Amendment is June 1, 2019.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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 CONTENT:

By: Patty Denner
Behavioral Health Director

2-25-19
Date

APPROVED AS TO FORM:

Pursuant to A.R.S. § 11-952, the undersigned public agency attorneys have determined that this Amendment to the Intergovernmental Agreement is in proper form and is within the powers and authority granted under the laws of the State of Arizona.

By: S
Deputy County Attorney

Date: 2/22/19

**ARIZONA BOARD OF REGENTS on behalf of
THE UNIVERSITY OF ARIZONA**

Elisha Johnson Digitally signed by Elisha Johnson
Date: 2019.02.20 11:20:38 -07'00'

Authorized Officer Signature
Elisha Johnson
Assistant Director, Research Admin.
Printed Name and Title

February 20, 2019
Date

By: SBD
University Attorney

Date: 2/19/19