

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

Award Contract CGrant

Requested Board Meeting Date: November 20, 2018

\* = Mandatory, information must be provided

or Procurement Director Award

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

Arizona Department of Child Safety

## \*Project Title/Description:

A First Amendment to Lease that extends the term for an additional five (5) years as allowed in section 2 of the Lease Agreement.

#### \*Purpose:

This lease amendment will allow the Arizona Department of Child Safey to continue leasing offices in the Interagency Victim Advocacy Center building. The tenant has leased these same premises for the past five (5) years.

#### \*Procurement Method:

Exempt per Section 11.04.020

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

The tenant will pay their proportionate share of operating expenses during the extended five (5) year term.

#### \*Public Benefit:

The location of the leased premises within the Interagency Victim Advocacy Center provides employees a collaborative environment to work with law enforcement and children's social service agencies who occupy offices in the building. The investigation and interviewing of children who have been a victim of crime and their families in a safe and friendly environment improves the health and welfare of children in Southern Arizona.

## \*Metrics Available to Measure Performance:

Lease of the offices for investigation of crimes against children that adversely affects their safety and health complies with the use of the 2004 voter approved General Obligation bond FM3.05 CFMBVACTR.

## \*Retroactive:

No.

To: 003. 10.31-18

Revised 5/2018 875-3

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| 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?  | \$ %                                  |
| Contract is fully or partially funded with Federal Funds?  If Yes, is the Contract to a vendor or subrecipient?                 | ☐ Yes ☐ No                            |
| Were insurance or indemnity clauses modified?  If Yes, attach Risk's approval.  | ☐ Yes ☐ No                            |
| Vendor is using a Social Security Number?  If Yes, attach the required form per Administrative Procedu                          | ☐ Yes ☐ No<br>are 22-73.              |
| Amendment / Revised Award Information   |                                       |
|   | Contract Number (i.e.,15-123): 14*91  |
| Amendment No.: 1  |                                       |
| Effective Date: 1/28/2019   | New Termination Date: 1/27/2024       |
|   | Prior Contract No. (Synergen/CMS):    |
| CExpense or Revenue Increase C Decrease   |                                       |
| •   | If Yes \$ 180,995.16                  |
| *Funding Source(s) required:  |                                       |
|   |                                       |
| Funding from General Fund? CYes © No  | If Yes \$ %                           |
| <b>Grant/Amendment Information</b> (for grants acceptance a   | nd awards) C Award C 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?   | If Yes \$ %                           |
| *Match funding from other sources? CYes CNo *Funding Source:  |                                       |
| *If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)? |                                       |
| Contact: Melissa Loeschen   |                                       |
| Department: Facilities Management   | Telephone: 724-8230                   |
| Department Director Signature/Date: 22 0  | 10/29/18                              |
| Deputy County Administrator Signature/Date:   | mBurk 10-29-18                        |
| County Administrator Signature/Date: (Required for Board Agenda/Addendum Items)   | Delle 10/30/18                        |
|   | / •                                   |

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## PIMA COUNTY FACILITIES MANAGEMENT DEPARTMENT

LEASE: 2329 E. AJO WAY

TUCSON, ARIZONA

TENANT: ARIZONA DEPARTMENT OF CHILD SAFETY

LEASE NO.: CTN FM 14\*91

LEASE FIRST AMENDMENT NO.: ONE (1)

CONTRACT

NO. CTN-FM-14-091

AMENDMENT NO. 01

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

contract.

ORIGINAL LEASE TERM: 1/28/14-1/27/19 ORIG. LEASE AMOUNT: \$200,449.80
TERMINATION DATE PRIOR AMENDMENT: NA PRIOR AMENDMENTS: \$0.00
TERMINATION THIS AMENDMENT: 1/27/24 AMOUNT THIS AMEND.: \$180,995.76
REVISED AMOUNT: \$381,445.56

## FIRST AMENDMENT TO LEASE

PIMA COUNTY ("Landlord") and ARIZONA DEPARTMENT OF ECONOMIC SECURITY ("DES"), entered into a lease on January 28, 2014 (the "Lease"), pursuant to which Landlord leased space in a county-owned building to DES. The Arizona Department of Child Safety, as the successor to DES, is now the Tenant under the Lease. The Term of the Lease ends January 27, 2019. Tenant has an option to extend the Term for an additional 5 years.

MODIFICATION OF LEASE. Landlord and Tenant hereby agree to modify the terms of the Lease as set forth in this First Amendment. Capitalized terms not otherwise defined in this First Amendment have the meanings set forth in the original Lease. This First Amendment will be effective when approved and executed by both parties.

- 1. TERM. The term is extended five (5) years to expire on January 27, 2024. No options to extend the Term remain.
- 2. EXHIBIT A-1. The second floor Premises subject to the Lease are depicted on the attached Exhibit A-1.

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Director, Facilities Management

Date

## **EXHIBIT A-1**

