



BOARD OF SUPERVISORS AGENDA ITEM REPORT  
AWARDS / CONTRACTS / GRANTS

Award  Contract  Grant

Requested Board Meeting Date: 01/07/2025

\* = Mandatory, information must be provided

or Procurement Director Award:

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

MBI Occupational Healthcare

**\*Project Title/Description:**

Occupational Medical Services

**\*Purpose:**

Amendment of Award: Supplier Contract No. SC2400001752, Amendment No. 03. This Amendment increases the annual award amount by \$500,000.00 from \$250,000.00 to \$750,000.00 for a cumulative not-to-exceed contract amount of \$1,000,000.00 and appends the Heat Injury and Illness Prevention and Safety Plan provision to the contract, pursuant to Pima County Code 11.40.030. The increase is needed due to a greater quantity of services being required than anticipated.

Administering Department: Human Resources

**\*Procurement Method:**

Pursuant to Pima County Procurement Code 11.24.010, Cooperative procurement authorized, on 02/02/2024, the Procurement Director approved an award of contract for an initial term from 02/02/2024 to 09/21/2024 in the annual award amount of \$250,000.00 with two (2) one-year renewal options.

Effective 09/22/2024, the Procurement Officer processed Amendment No. 01, which extended the termination date to 09/21/2025 and added a partial annual award amount of \$65,000.00 for a cumulative not-to-exceed contract amount of \$315,000.00. One (1) renewal option remained.

Effective 10/25/2024, the Procurement Officer processed Amendment No. 02, which added the remaining annual award amount of \$185,000.00 for a cumulative not-to-exceed contract amount of \$500,000.00.

PRCUID: 502198

Attachment: Supplier Contract.

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

Provide a broad range of medical services required to ensure the safety and health of Pima County employees.

**\*Public Benefit:**

The public benefits from Pima County employees having a healthy and safe work environment.

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

On time delivery of medical services in compliance with contract standards and guidelines.

**\*Retroactive:**

No.

To: COB 12/20/2024 (1)

Vers: 5

Pgs: 2

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: SC Department Code: PO Contract Number (i.e., 15-123): SC2400001752
Amendment No.: 03 AMS Version No.: N/A
Commencement Date: 01/07/25 New Termination Date: \_\_\_\_\_
Prior Contract No. (Synergen/CMS): MA-PO-24-109

Expense Revenue Increase Decrease Amount This Amendment: \$ 500,000.00

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

\*Funding Source(s) required: Risk Management Fund

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

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: Procurement Officer: Kelsey Braun-Shirley Acting Division Manager: Troy McMaster

Department: Procurement Director: Terri Spencer Telephone: 520-724-7466

Department Director Signature: Cathy Bohland Date:
Deputy County Administrator Signature: Date: 12-19-2024
County Administrator Signature: Date: 12/19/2024

Details View

Amendments										Changed Line Details
	Version	Version Status	Amendment Type	Amendment Date	Amendment Signed Date	Amendment Number	Description	Changed Amount	Contract Amount	
Current Amendment 02 for Contract: SC2400001752: Multi Supplier Contract Vendor 02/02/2024 (version 5)	5	Amendment In Process	Change	01/07/2025	01/07/2025	02	Amendment No. 03 increases the annual award amount by \$500,000.00 from \$250,000.00 to \$750,000.00 for a cumulative not-to-exceed contract amount of \$1,000,000.00 and adds the following Heat Injury and Illness Prevention and Safety Plan provision to the contract: "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.	935,366.10	935,366.10	

