



BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / GRANTS

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: June 4, 2024

* = 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, install and maintain industrial strength water stations and portable water in various remote sonoran desert locations in Pima County to help reduce deaths by dehydration and exposure 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 deaths due to dehydration and exposure providing water stations, drinking water and humanitarian aid and 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, 5-16-24 (1)
vers.: 3
pgs.: 2

MAY15'24PM0331 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: CT Department Code: CA Contract Number (i.e., 15-123): 23.378
Amendment No.: 01 AMS Version No.: 3
Commencement Date: 07/01/2024 New Termination Date: 06/30/2025
Prior Contract No. (Synergen/CMS): _____

☐ 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: County Administration

Telephone: 520.724.8661

Department Director Signature: _____ Date: _____

Deputy County Administrator Signature:  Date: 5/15/2024

County Administrator Signature: _____ Date: 5/15/2024

Pima County Department of County Administration

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

Contractor: Humane Borders, Inc.

Contract No.: CT-CA-23*378

Contract Amendment No.: 01

Orig. Contract Term: 07/01/2023 - 06/30/2024	Orig. Amount:	\$ 30,000.00
Termination Date Prior Amendment: N/A	Prior Amendments Amount:	\$ 0.00
Termination Date This Amendment: 06/30/2025	This Amendment Amount:	\$ 30,000.00
	Revised Total Amount:	\$ 60,000.00

CONTRACT AMENDMENT

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

1. **Background and Purpose.** This Contract is between Pima County, a body politic and corporate of the State of Arizona ("County"), and Humane Borders, Inc. ("Contractor")
 - 1.1. Background. On June 30, 2024, County and Contractor entered into the above referenced agreement to provide Water Distribution Services in the Remote Areas of Pima County.
 - 1.2. Purpose. County requires continued provision of water distribution services to save people from the adverse health consequences or death due to dehydration and exposure in remote areas of Pima County.
2. **Term.** The County is exercising the first extension option to renew the contract for one additional year commencing on July 1, 2024 and terminating on June 30, 2025. 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.
3. **Maximum Payment Amount.** The maximum amount the County will spend under this Contract, as set forth in Section 2.2, is increased by \$30,000. County's total payments to Contractor under this contract, including any sales taxes, will not exceed \$30,000.00.

Contract No.: CT-CA-23*378-01{91469 / 01204712 / v 1}

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

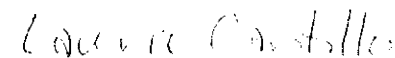
Samuel E. Brown

Print DCA Name

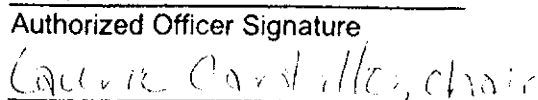
May 9, 2024

Date

CONTRACTOR



Authorized Officer Signature



Lauri Cantillo, Chair

5/9/24

Date

APPROVED AS TO CONTENT



Jan Lesh, County Administrator

May 15, 2024

Date