



BOARD OF SUPERVISORS AGENDA ITEM REPORT
AWARDS / CONTRACTS / GRANTS

Award Contract Grant

Requested Board Meeting Date: 12/17/2024

* = Mandatory, information must be provided

or Procurement Director Award:

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

Tucson Medical Center

***Project Title/Description:**

TMC Emergency Room Enhancements

***Purpose:**

This amendment adds \$180,000.00 for the purchase of a billing module and maintenance for the TMC Epic System electronic medical record. Funds will be used to allow Pima County Health Department access to an electronic medical record instance for inclusion into the Community Health Hub bolstering the ability of medical providers in the emergency department to have access to necessary and complete health information for treatment.

***Procurement Method:**

This contract is a non-Procurement contract and not subject to Procurement rules.

***Program Goals/Predicted Outcomes:**

American Rescue Plan Act / Coronavirus State & Local Fiscal Recovery Fund (ARPA-CSLFRF) funds will allow TMC to expand the Emergency Department (ED) to increase bed capacity (and eliminate hallway beds), improve efficiency, increase staff and provider satisfaction.

***Public Benefit:**

This project aligns with ARPA CSLFRF priorities: specifically, improving public health services, medical services, and emergency department services in the region.

***Metrics Available to Measure Performance:**

Metrics will include progress on a timeline for the completion of facility design, demolition, connectivity of digital infrastructure, and the implementation of the electronic health record (Epic System).

***Retroactive:**

No.

TO: COB, 12-4-2024 (1)
VERS:

GMI ammora
KBSW 11/27/2024

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: PO Department Code: GMI Contract Number (i.e., 15-123): CT 24*230
Amendment No.: 01 AMS Version No.: [Signature]
Commencement Date: 12/17/2024 New Termination Date: 12/31/2026

Prior Contract No. (Synergen/CMS): CT-GMI-24-230

Expense Revenue Increase Decrease

Amount This Amendment: \$ 180,000.00

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

*Funding Source(s) required: ARPA/CSLFRF - CORONAVIRUS STATE & LOCAL FISCAL RECOVERY FUNDS

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: Julio Jimenez

Department: Grants Management and Innovation

Telephone: 520-724-8562

Department Director Signature: [Signature] Date: 11/27/2024

Deputy County Administrator Signature: [Signature] Date: 12-2-2024

County Administrator Signature: [Signature] Date: 12-2-2024

Pima County Department of Grants Management & Innovation

Project: TMC Emergency Room Enhancements

Subrecipient name and address: TUCSON MEDICAL CENTER
5301 E. Grant Road
Tucson, AZ 85712

Amount: \$6,480,000.00

Contract No: CT_24000000000000000230 (FKA CT-GMI-24*230)
Amendment No: 01

Subrecipient Unique Entity Identifier (UEI):	NJYTJFLNHDU1	SAM expiration date (if applicable):	04/22/2025
Federal Award Identification Number (FAIN)	SLFRP0180	Federal award date	03/03/2021
Subaward term/ period of performance start and end date	03/18/2021 - 12/31/2026	Subaward budget period start and end date	03/18/2021 - 12/31/2026
Amount of federal funds obligated by this action by the pass-through entity to the subrecipient (amount of this amendment)			\$180,000.00
Total amount of federal funds obligated to the subrecipient by the pass-through entity including the current financial obligation (amount of original agreement, plus any prior amendments, including this amendment)			\$6,480,000.00
Total amount of the federal award committed to the subrecipient by the pass-through entity (amount of original agreement, plus any prior amendments, plus any match, plus any future budget periods, if applicable)			\$6,480,000.00
Federal award project description (descriptive project title)		American Rescue Plan Act – Response to the far-reaching public health and negative economic impacts of the pandemic, by supporting the health of communities, and the public sector recover from economic impacts.	
Funding agency		U.S. Department of Treasury	
Pass-through entity (primary recipient)		Pima County	
Pass-through entity (secondary recipient, if applicable)		N/A	
Assistance listing number and title (applies to 100% of this sub-award, including all disbursements)		21.027 American Rescue Plan Act (ARPA) – Corona Virus State and Local Fiscal Recovery Funds (CSLFRF)	
Is this subaward for research and development?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Subrecipient indirect cost rate and methodology	<input type="checkbox"/> Negotiated Indirect Cost Rate Agreement	<input type="checkbox"/> De minimis rate	<input checked="" type="checkbox"/> No Indirect
Required match	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Match amount	N/A

SUBAWARD AMENDMENT

1. BACKGROUND AND PURPOSE.

- 1.1. Background. On December 19, 2023, Pima County and Tucson Medical Center, a non-profit corporation doing business in the State of Arizona entered into the above referenced agreement to provide enhancement of public health services and strengthening the public health capacity through the use of American Rescue Plan Act (ARPA) Coronavirus State & Local Fiscal Recovery Funds (CSLFRF). On September 19, 2023, the County's Board of Supervisors approved the REVISED ARPA - CSLFRF Budget, which includes an allocation to TMC of \$6,300,000.00.
- 1.2. Purpose. The parties look to increase the contract by \$180,000.00. Additional use of funds will follow the original agreement project activities to allow necessary design and the purchase of equipment upgrades and maintenance of equipment.

2. COMPENSATION AND PAYMENT.

- 2.1. Maximum Payment Amount. ~~Section 8.1 is stricken in its entirety and replaced with the following:~~ The maximum amount the County will spend under this Contract, as set forth in Section 8.1 of the original agreement, is increased by \$180,000.00. County's total payments to Subrecipient under this contract, including any sales taxes, will not exceed \$6,480,000.00. Subrecipient may not provide any services, payment for which will cause County's total payment under this agreement to exceed the NTE amount. If subrecipient does so, it is at the subrecipient's
- 2.2. Budget Adjustment. The budget in Exhibit B of the original agreement is replaced in its entirety with the attached **Exhibit B**.

3. Adding to the initial agreement, Section 34. Heat Injury and Illness Prevention and Safety Plan.

34. Heat Injury and Illness Prevention and Safety Plan. 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. Contractor will post a copy of the Heat Injury and Illness Prevention and Safety Plan where it is accessible to employees. Contractor will further ensure that each subcontractor who performs any work for Contractor under this Contract complies with this provision.

All other provisions of the Agreement not expressly modified in this Amendment will remain in effect and be binding on the parties.

Exhibit B

- 1.2 Amending Total amount for this budget period from **\$6,300,000.00** to **\$6,480,000.00**.
- 1.3 Table located in this section of the original agreement is being replaced with the following table:

Budget	Amount
Design	\$2,413,908.00
Demolition	\$558,912.00
Digital Connectivity Infrastructure	\$677,104.00
Equipment (Laboratory, Telemetry and Nurse Call)	\$2,369,358.00
Health Department Medical Record	\$460,718.00
Total	\$6,480,000.00

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

End of Exhibit B

This agreement may be executed in counterparts, each of which, when taken together, will constitute one original agreement.

PIMA COUNTY

SUBRECIPIENT

Chair, Board of Supervisors

Authorized Officer Signature

Date

Printed Name and Title

Date

ATTEST

Clerk of the Board

Date

APPROVED AS TO FORM

APPROVED AS TO CONTENT

Kyle Johnson

Deputy County Attorney

Kenneth B Walker Digitally signed by Kenneth B Walker
Date: 2024.11.27 15:51:49 -07'00'

Department Head

Kyle Johnson

Print DCA Name

Date

11/27/2024

Date

This agreement may be executed in counterparts, each of which, when taken together, will constitute one original agreement.

PIMA COUNTY

SUBRECIPIENT

Chair, Board of Supervisors

Steve Kidding

Authorized Officer Signature

Date

Printed Name and Title

12/1/2024

Date

ATTEST

Clerk of the Board

Date

APPROVED AS TO FORM

APPROVED AS TO CONTENT

Deputy County Attorney

Department Head

Print DCA Name

Date

Date