



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

Award Contract Grant

Requested Board Meeting Date: June 19, 2018

* = *Mandatory, information must be provided*

or Procurement Director Award

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

Jenny Brite

***Project Title/Description:**

Website management for Pima County Public Library. The original contract may be found under CT-LIB-15-557. Search for contract number 15%557 in eContracts.

***Purpose:**

Amendment No. 3 enables the Contractor to continue website management for Pima County Public Library and will provide additional funding for contract period July 1, 2018 to June 30, 2019 for this service.

Attachment: Contract Number CT-LIB-15-557, Amendment No. 3

***Procurement Method:**

Pima County Board of Supervisors Policy D-29 6.III.C., Direct Selection and Contracting of Professional Services

***Program Goals/Predicted Outcomes:**

This contract enables website content curation, analytics, evaluation, technical support and troubleshooting, and website architecture evaluation and maintenance.

***Public Benefit:**

Library website will be kept current, relevant and fully functional for all users.

***Metrics Available to Measure Performance:**

Website analytics are used to measure website performance.

***Retroactive:**

No.

To: COB 6-5-18
Pjs - 3
(1)

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

***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: LIB Contract Number (i.e., 15-123): 15-557

Amendment No.: 3 AMS Version No.: 8

Effective Date: 7/1/2018 New Termination Date: 6/30/2019

Prior Contract No. (Synergen/CMS): _____

Expense or Revenue Increase Decrease Amount This Amendment: \$ 46,800.00

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

***Funding Source(s) required:** Library District 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): _____

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: Jen Maney

Department: Library, Communications & Systems Office Telephone: 520-594-5632

Department Director Signature/Date: *Andrew D. Mathewson* 5-24-18

Deputy County Administrator Signature/Date: *Shirley* 5-31-18

County Administrator Signature/Date: *C. DeStefano* 5/31/18

(Required for Board Agenda/Addendum Items)

<p>Pima County Department of Pima County Public Library</p> <p>Project: Website Management</p> <p>Contractor: Jenny Brite 1601 Argonne PL NW, Apt. 431 Washington, DC 20009</p> <p>Contract No.: 15-557</p> <p>Contract Amendment No.: Three (#3)</p>	<table border="1"> <tr> <td align="center">CONTRACT</td> </tr> <tr> <td>NO. <u>CT-LIB-15-557</u></td> </tr> <tr> <td>AMENDMENT NO. <u>03</u></td> </tr> <tr> <td><small>This number must appear on all invoices, correspondence and documents pertaining to this contract.</small></td> </tr> </table> <p>(STAMP HERE)</p>	CONTRACT	NO. <u>CT-LIB-15-557</u>	AMENDMENT NO. <u>03</u>	<small>This number must appear on all invoices, correspondence and documents pertaining to this contract.</small>
CONTRACT					
NO. <u>CT-LIB-15-557</u>					
AMENDMENT NO. <u>03</u>					
<small>This number must appear on all invoices, correspondence and documents pertaining to this contract.</small>					

Orig. Contract Term: 07/01/15-06/30/16	Orig. Amount:	\$46,800.00
Termination Date Prior Amendment: 06/30/2018	Prior Amendments Amount:	\$93,600.00
Termination Date This Amendment: 06/30/2019	This Amendment Amount:	\$46,800.00
	Revised Total Amount:	\$187,200.00

CONTRACT AMENDMENT NO. 3

Pima County, a body politic and corporate of the State of Arizona ("County") and Jenny Brite ("Contractor") have entered into the above-referenced contract for website management services.

RECITALS

- A. Pursuant to Section 1.0 – TERM AND EXTENSION/RENEWAL/CHANGES, the Contract may be extended to allow for the continued provision of website management services for the Pima County Public Library.
- B. County has reviewed Contractor's performance and finds it satisfactory.
- C. It is in the best interests of the County and the Pima County Public Library to extend the term of the Contract and increase the contract amount.

AMENDMENT

- 1. Section 1.0 – TERM AND EXTENSION/RENEWAL/CHANGES, paragraph 1.1 is amended as follows:
 - 1.1. The termination date is changed:

FROM: June 30, 2018
TO: June 30, 2019
 - 1.2. The number of available extensions is reduced:

FROM: up to two (2) additional one-year periods or any portion thereof
TO: up to one (1) additional one-year periods or any portion thereof

2. Section 3.0 – COMPENSATION AND PAYMENT, paragraph 3.1 is amended to increase the not-to-exceed amount:

FROM: one hundred forty thousand four hundred dollars (\$140,000.00)

TO: one hundred eighty-seven thousand two hundred dollars (\$187,200.00)


All other provisions of the Contract not specifically changed by this Amendment remain in effect and are binding upon the parties.

IN WITNESS THEREOF, the parties have affixed their signatures to this Amendment on the dates written below.

PIMA COUNTY

CONTRACTOR

Chairman, Board of Directors



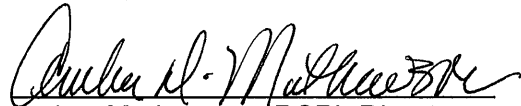
Jenny Brite, Freelance Web Developer

Date

5/29/18

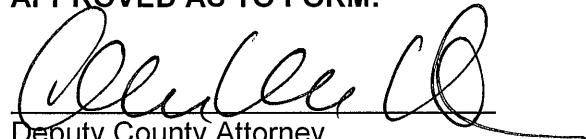
Date

APPROVED AS TO CONTENT:



Amber Mathewson, PCPL Director

APPROVED AS TO FORM:



Deputy County Attorney
CHARLES WESSELHOFT

ATTEST:

Clerk of the Board



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/17/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hiscox Inc 520 Madison Avenue 32nd Floor New York, NY 10022	CONTACT NAME:	
	PHONE (A/C, No, Ext): (888) 202-3007	FAX (A/C, No):
	E-MAIL ADDRESS: contact@hiscox.com	
INSURED Jenny Brite 1601 Argonne PL NW Apt. 437 Washington DC 20009	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Hiscox Insurance Company Inc	NAIC # 10200
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	

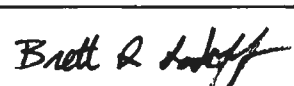
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability		UDC-1589126-EO-18	07/01/2018	07/01/2019	Each Claim: \$ 500,000 Aggregate: \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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