



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

Award  Contract  Grant

Requested Board Meeting Date: February 15, 2022

\* = Mandatory, information must be provided

or Procurement Director Award

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

Golder Ranch Fire District (GRFD)

**\*Project Title/Description:**

Administration of Immunizations and Testing

**\*Purpose:**

This contract enables the County to pay GRFD for their expenses in assisting with the administration of COVID-19 vaccinations and/or testing at sites in Pima County. Amendment #1 extends the term for two years without adding funds and restricts fire department staff provided to EMTs and paramedics.

**\*Procurement Method:**

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

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

The goal is to vaccinate as many people in the priority groups as quickly as possible. Should there be another surge in vaccinations, PCHD will call upon the assistance of EMTs and paramedics from the fire districts.

**\*Public Benefit:**

Vaccination of as many people as quickly as possible is key to ending the COVID-19 pandemic. GRFD will assist as needed at Points of Distribution to administer vaccines to the residents of Pima County.

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

# of hours of staff time provided, by staff name and title

**\*Retroactive:**

No.

TO: COB 1-24-2022 (L)  
vers.: 3  
pgs.: 3

**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: HD Contract Number (i.e., 15-123): 21-309

Amendment No.: 01 AMS Version No.: 03

Commencement Date: 02/17/2022 New Termination Date: 02/16/2024

Prior Contract No. (Synergen/CMS): N/A

Expense or  Revenue  Increase  Decrease Amount This Amendment: \$ 0.00

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

**\*Funding Source(s) required:** Health Special Revenue

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: Sharon Grant

Department: Health Telephone: 724-7842

Department Director Signature/Date: [Signature] 01/19/22

Deputy County Administrator Signature/Date: [Signature] 20 Jun 2022

County Administrator Signature/Date: [Signature] 1/20/2022  
*(Required for Board Agenda/Addendum Items)*

**Pima County Department of Health**

**Project:** Administration of Immunizations and Testing

**Contractor:** Golder Ranch Fire District

**Contract No.:** CT-HD-21-309

**Contract Amendment No.:** 01

### **INTERGOVERNMENTAL AGREEMENT AMENDMENT**

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

**1. Background and Purpose.**

1.1. Background. On February 17, 2021, County and Contractor entered into the above referenced agreement to provide support in the administration of immunizations and testing.

1.2. Purpose. County requires to extend the term for two additional years due to continuation of the COVID-19 pandemic.

**2. Term.** The County is exercising the first extension option to renew the contract for one additional year commencing on February 17, 2022 and terminating on February 16, 2024. 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. Exhibit C, Personnel Rate Schedule.** The Parties have agreed that going forward only the services of EMTs and Paramedics will be required. Replace Exhibit C with **Exhibit C.1** (1 page).

**THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK**

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

**PIMA COUNTY**

**GOLDER RANCH FIRE DISTRICT**

\_\_\_\_\_  
Chair, Board of Supervisors

\_\_\_\_\_  
Authorized Officer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title

ATTEST

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clerk of the Board

\_\_\_\_\_  
Date

APPROVED AS TO CONTENT

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

**ATTORNEY CERTIFICATION**

The foregoing Agreement between Pima County and the Golder Ranch Fire District has been reviewed pursuant to A.R.S. § 11 952 by the undersigned who have determined that it is in proper form and is within the powers and authority granted under the laws of the State of Arizona to those parties to the Agreement.

\_\_\_\_\_  
Deputy County Attorney

**Jonathan Pinkney**

\_\_\_\_\_  
Print DCA Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney, Golder Ranch Fire District

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**EXHIBIT C.1 (1 page)**

**PERSONNEL RATE SCHEDULE**

Supplies and equipment shall be at District's replacement cost.

<b>RANK</b>	<b>OVERTIME MINIMUM</b>	<b>OVERTIME MAXIMUM</b>
Firefighter/EMT	22.68	34.78
Paramedic	28.65	41.14
Captain/Paramedic	35.94	50.31