



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

Award Contract Grant

Requested Board Meeting Date: 7/3/18

* = Mandatory, information must be provided

or Procurement Director Award

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

Sheriff Auxiliary Volunteers of Pima County, Inc.

***Project Title/Description:**

Property Loss Protection - Sheriff Auxiliary Volunteers Vehicles

***Purpose:**

Property Loss Protection - Sheriff Auxiliary Volunteers Vehicles

***Procurement Method:**

Procurement Exempt D29.4

***Program Goals/Predicted Outcomes:**

Sheriff Auxiliary Volunteers provide assistance to the Pima County Sheriff's Department and the citizens of Pima County.

***Public Benefit:**

Sheriff Auxiliary Volunteers provide assistance to the Pima County Sheriff's Department and the citizens of Pima County in providing crime prevention and law enforcement support services in unincorporated areas.

***Metrics Available to Measure Performance:**

Safe driving and availability to respond in a timely manner.

***Retroactive:**

New vehicle obtained May 17, 2018.

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To: COB - 6-14-18
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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: SD Contract Number (i.e., 15-123): ~~18-041~~ 18-040 HL

Amendment No.: 1 AMS Version No.: 3 HL

Effective Date: 07/01/18 New Termination Date: 06/30/19

Prior Contract No. (Synergen/CMS): _____

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

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

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

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: Bonnie Schaeffer

Department: Sheriff Telephone: 351-6374

Department Director Signature/Date: *Julia Gator* 6/7/2018

Deputy County Administrator Signature/Date: _____

County Administrator Signature/Date: *C. DeWet* 6/11/18

(Required for Board Agenda/Addendum Items)

<p>Pima County Sheriff's Department</p> <p>Project: Property Loss Protection</p> <p>Contractor: Sheriff's Auxiliary Volunteers of Pima County, Inc.</p> <p>Contract No.: CT 18*040</p> <p>Contract Amendment No.: 1</p>	<table border="1"> <tr> <th colspan="2" style="text-align: center;">CONTRACT</th> </tr> <tr> <td>NO.</td> <td><u>CT-SD-18-040</u></td> </tr> <tr> <td>AMENDMENT NO.</td> <td><u>01</u></td> </tr> <tr> <td colspan="2"> This number must appear on all invoices, correspondence and documents pertaining to this contract. </td> </tr> </table> <p>(STAMP HERE)</p>	CONTRACT		NO.	<u>CT-SD-18-040</u>	AMENDMENT NO.	<u>01</u>	This number must appear on all invoices, correspondence and documents pertaining to this contract.	
CONTRACT									
NO.	<u>CT-SD-18-040</u>								
AMENDMENT NO.	<u>01</u>								
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Orig. Contract Term: 07/01/2017 - 06/30/2018	Orig. Amount:	\$200,000.00
Termination Date Prior Amendment: 06/30/18	Prior Amendments Amount:	\$ 0.00
Termination Date This Amendment: 06/30/19	This Amendment Amount:	\$ 0.00
	Revised Total Amount:	\$200,000.00

CONTRACT AMENDMENT

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

1. **Term.** The Contract terminates on June 30, 2019.
2. **Scope of Services.** The parties have revised the Scope of Services as follows:
Add one year and one vehicle at no charge 2018 Ford Explorer, VIN
1FM5K8ARXJGB58622, AZ Plate SAV19

The effective date of this Amendment is July 1, 2018.

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

PIMA COUNTY

Chairman, Board of Supervisors

Date

ATTEST

Clerk of the Board

Date

APPROVED AS TO FORM

[Signature]
Deputy County Attorney

SEAN HOLGUIN

Print DCA Name

5/22/18
Date

APPROVED AS TO CONTENT

[Signature]
Director, Pima County Finance and Risk Management

6/4/2018
Date

CONTRACTOR

[Signature]
Authorized Officer Signature

ALEXANDRO R. APALATEGUI (PRES)
Printed Name and Title

05-31-2018
Date

APPROVED AS TO CONTENT

[Signature]
Department Head

05/30/18
Date