



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

Award Contract Grant

Requested Board Meeting Date: September 7, 2021

*** = Mandatory, information must be provided**

or Procurement Director Award

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

CODAC Health, Recovery & Wellness, Inc. dba CODAC

***Project Title/Description:**

Medical Forensic Examination and Evidence Collection for Victims of Sexual Assault. The contract can be found in OnBase by searching contract CT-BH-20*268 in Doc_ID_AMS.

***Purpose:**

MANDATE: ARS 13-1414 states that the County is responsible for paying the medical or forensic interview expenses arising out of the need to secure evidence that a person has been a victim of a dangerous crime against children or a sexual assault occurring in Pima County. Through this contract, CODAC will continue to provide these medical/forensic interviews and exams as required. Amendment 3 increases the Not-to-Exceed amount for the term beginning March 30, 2021 through June 30, 2022.

***Procurement Method:**

Board of Supervisors Policy D29.7 per section III.I.2, To meet legal or regulatory mandates.

***Program Goals/Predicted Outcomes:**

CODAC will provide a coordinated approach to survivors of sexual violence, provide competent and compassionate medical care, enhance the confidence of the survivor in the legal system, maximize successful prosecutions and minimize the trauma to the survivor of sexual violence during the investigative process.

***Public Benefit:**

Increased public safety due to prosecution of perpetrators of sexual assault crimes.

***Metrics Available to Measure Performance:**

Number of exams performed; demographic information about survivors; number of testimonies provided in Court and number/type of training provided.

***Retroactive:**

No.

TO: COB 8-24-17^①
vers: 7
pgs.: 2

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

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: BH Contract Number (i.e., 15-123): 20*268

Amendment No.: 03 AMS Version No.: 7W

~~Commencement~~ Effective Date: 9/30/24 9/7/2024 bc New Termination Date: 6/30/22

Prior Contract No. (Synergen/CMS): _____

Expense or Revenue Increase Decrease Amount This Amendment: \$ 240,000.00

Is there revenue included? Yes No If Yes \$ N/A

***Funding Source(s) required:** BH General Fund

Funding from General Fund? Yes No If Yes \$ _____ % 100

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: Molly Hilber, Grants and Contracts Manager

Department: Behavioral Health Telephone: 520-724-7515

Department Director Signature/Date: Randy Dennis 8-17-2021

Deputy County Administrator Signature/Date: S. Dennis 19 Aug 2021

County Administrator Signature/Date: C. Dechertany 8/19/21
(Required for Board Agenda/Addendum Items)

Pima County Department of Behavioral Health

Project: Medical Forensic Examination and Evidence Collection for Victims of Sexual Assault

Contractor: CODAC Health, Recovery & Wellness, Inc. dba CODAC

Contract No.: CT-BH-20*268

Contract Amendment No.: 03

Orig. Contract Term: 3/31/2020 – 3/30/2021

Orig. Amount: \$ 240,000.00

Termination Date Prior Amendment: 6/30/2022

Prior Amendments Amount: \$ 60,000.00

Termination Date This Amendment: 6/30/2022

This Amendment Amount: \$ 240,000.00

Revised Total Amount: \$ 540,000.00

CONTRACT AMENDMENT

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

1. Background and Purpose.

1.1. **Background.** On March 31, 2020, County and Contractor entered into the above referenced agreement to provide Medical Forensic Examination and Evidence Collection for Victims of Sexual Assault.

1.2. **Purpose.** County is statutorily mandated to provide medical forensic examination and evidence collection for victims of sexual assault per A.R.S. 13-1414 and will require continuing services.

2. Maximum Payment Amount. The maximum amount the County will spend under this Contract is increased by \$240,000.00. County's total payments to Contractor under this contract, including any sales taxes, will not exceed \$540,000.00.

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

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PIMA COUNTY

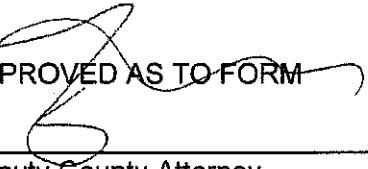
Chair, Board of Supervisors

Date

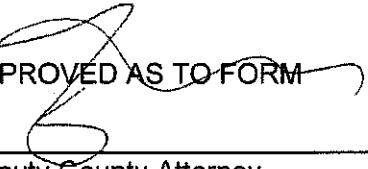
ATTEST

Clerk of the Board

Date


APPROVED AS TO FORM

Deputy County Attorney


8/16/21

Date

CONTRACTOR



Dennis Regnier, President and CEO of CODAC

8/16/21

Date

APPROVED AS TO CONTENT



Paula Ferrera, Director Behavioral Health