



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

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: 07/01/2025

\* = Mandatory, information must be provided

or Procurement Director Award: ☐

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

Arivaca Community Center, Inc. (ACC)

**\*Project Title/Description:**

Arivaca Recreational Programming

**\*Purpose:**

The purpose of this amendment is to extend the contract term by one year and add funding in the amount of \$60,000.

**\*Procurement Method:**

Board of Supervisor's Policy D29.6 III. C. Direct Selection

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

The program goal is to provide for the social and physical wellness of the general population in Arivaca by offering recreational programming for a nominal fee and allowing access to outdoor recreational areas free of charge.

**\*Public Benefit:**

Offering recreational programming and outdoor recreational area access to the general public will promote healthy lifestyles and will provide a sustainable replacement for county programs in the area that have ceased operation.

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

ACC will provide bi-annual reports that document types of programming offered and number of individuals served.

**\*Retroactive:**

No

TO: COB, 6-11-2025 (1)  
Vers.: 1  
pgs.: 2

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: PR Contract Number (i.e., 15-123): CT 22\*0373  
Amendment No.: 03 AMS Version No.: 1  
Commencement Date: 07/01/2025 New Termination Date: 06/30/2026  
Prior Contract No. (Synergen/CMS): \_\_\_\_\_

☒ Expense ☐ Revenue ☒ Increase ☐ Decrease

Amount This Amendment: \$ 60,000.00

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

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

Funding from General Fund? ☒ Yes ☐ No If Yes \$ 60,000.00 % \_\_\_\_\_

**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: Robert Padilla

Department: Parks and Recreation

Telephone: 724-5235

Department Director Signature: \_\_\_\_\_

Date: 6-5-25

Deputy County Administrator Signature: \_\_\_\_\_

Date: 6/10/2025

County Administrator Signature: \_\_\_\_\_

Date: 6/10/25

**Contract Amendment No.: 03**

<b>Orig. Contract Term:</b> 07/01/2022 - 06/30/2023	<b>Orig. Amount:</b>	\$ 60,000.00
<b>Termination Date Prior Amendment:</b> 06/30/2025	<b>Prior Amendments Amount:</b>	\$ 120,000.00
<b>Termination Date This Amendment:</b> 06/30/2026	<b>This Amendment Amount:</b>	\$ 60,000.00
	<b>Revised Total Amount:</b>	\$ 240,000.00



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

**PIMA COUNTY**

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

\_\_\_\_\_  
Date

ATTEST

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

\_\_\_\_\_  
Date

APPROVED AS TO FORM

Bobby Yu  
Deputy County Attorney

Bobby Yu  
Print DCA Name

5/28/2025  
Date

**CONTRACTOR**

Leslie F. Rivett  
Authorized Officer Signature

Leslie F. Rivett President  
Printed Name and Title

5/31/25  
Date

APPROVED AS TO CONTENT

Justin Z. Puccio  
Department Head

6-5-25  
Date