



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

Award  Contract  Grant

Requested Board Meeting Date: 10/03/2017

\* = Mandatory, information must be provided

or Procurement Director Award

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

Community Intervention Associates

**\*Project Title/Description:**

Implementation of Enhancements in support of the Pima County Drug Court Program Drug Treatment Alternative to Prison Program (DTAP).

**\*Purpose:**

Community Intervention Associates (CIA), through its contract with Cenpatico, shall enroll DTAP Title XIX eligible members, so they can receive residential substance abuse treatment services or intensive outpatient treatment. Amendment #2 to extend contract for one year, add funding and change funding source.

**\*Procurement Method:**

Direct Select. D29.6

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

Frequent and random drug tests of participants to encourage/measure abstinence as required by the Courts.

**\*Public Benefit:**

The DTAP program reduces recidivism, saves millions of taxpayer dollars, saves lives and reunites families.

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

Pima County Attorney's Office will be reviewing and approving invoices to monitor services provided under this agreement required to meet the needs of the program.

**\*Retroactive:**

Yes. Signed contract was received late from the contractor.

*To: COB- 9.20.17  
yjs- 2*

Procure Dept 09/20/17 PM12:06

**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: PCA Contract Number (i.e., 15-123): 16-042

Amendment No.: 2 AMS Version No.: 6

Effective Date: 10/01/2017 New Termination Date: 9/30/2018

Prior Contract No. (Synergen/CMS): \_\_\_\_\_

Expense or  Revenue  Increase  Decrease Amount This Amendment: \$ 70,000.00

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

**\*Funding Source(s) required:** Drug Treatment Alternative to Prison Program (DTAP) BHTCC (\$55,000.00) and AOC- Administrative Office of the Courts (\$15,000.00)

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: Rozana Villanes

Department: Pima County Attorney's Office Telephone: 724-5631

Department Director Signature/Date: Dave Smith 9/20/17

Deputy County Administrator Signature/Date:

County Administrator Signature/Date: C. R. ... 9/20/17

*(Required for Board Agenda/Addendum Items)*

**PIMA COUNTY ATTORNEY'S OFFICE**  
**Project: PIMA COUNTY ENHANCING DRUG COURT SERVICES, COORDINATION AND TREATMENT**

**Contractor: Community Intervention Associates**  
2851 S. Avenue B, Bldg. 4  
Yuma, AZ 85364

**Contract No.: CT-PCA-1600000000000000042**

**Contract Amendment No.: Two (#02)**

<b>CONTRACT</b>
NO. <u>CT-PCA-16-042</u>
AMENDMENT NO. <u>02</u>
This number must appear on all invoices, correspondence and documents pertaining to this contract.

(STAMP HERE)

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<b>Orig. Contract Term:</b> 10/01/15 – 09/30/2016	<b>Orig. Amount:</b>	\$60,000.00
<b>Termination Date Prior Amendment:</b> 9/30/2017	<b>Prior Amendments Amount:</b>	\$120,000.00
<b>Termination Date This Amendment:</b> 9/30/2018	<b>This Amendment Amount:</b>	\$ 70,000.00
	<b>Revised Total Amount:</b>	\$250,000.00

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**CONTRACT AMENDMENT**

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

1. **Term.** The Contract terminates on September 30, 2018.
2. **Maximum Payment Amount.** The maximum amount the County will spend under this Contract, as set forth in Article 3, is increased by \$70,000.00. County's total payments to Contractor under this contract, including any sales taxes, will not exceed \$250,000.00.

The effective date of this Amendment is October 1, 2017.

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**

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

Tobin Rosen  
\_\_\_\_\_  
Print DCA Name

9/19/17  
\_\_\_\_\_  
Date

**CONTRACTOR**

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

Tracy J Pence, CFO  
\_\_\_\_\_  
Printed Name and Title

9/14/17  
\_\_\_\_\_  
Date

**APPROVED AS TO CONTENT**

  
\_\_\_\_\_  
David Smutzer, Department Head

9/19/17  
\_\_\_\_\_  
Date