

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

DATE 7/1/25 ITEM NO. RA39

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: SC Department Code: PO Contract Number (i.e., 15-123): SC2500000100
 Amendment No.: 02 AMS Version No.: N/A
 Commencement Date: 06/23/2025 New Termination Date: 06/22/2026
 Prior Contract No. (Synergen/CMS): MA-PO-20-220 & SC2400001076

☐ Expense ☒ Revenue ☐ Increase ☐ Decrease Amount This Amendment: _____

Is there revenue included? ☒ Yes ☐ No If Yes \$ \$4,000,000.00

*Funding Source(s) required: N/A

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: Procurement Officer, **Fred LeVeque**

Digitally signed by Fred LeVeque
Date: 2025.06.11 13:53:43 -07'00'

Division Manager, **Ana Wilber**

Digitally signed by Ana Wilber
Date: 2025.06.11 14:05:29 -07'00'

Department: Procurement Director, **Bruce D Collins**

Digitally signed by Bruce D Collins
Date: 2025.06.11 14:41:46 -07'00'

Telephone: 520.724.8728

Department Director Signature: _____

Date: 6/11/2025

Deputy County Administrator Signature: _____

Date: 6/13/2025

County Administrator Signature: _____

Date: 6/14/2025